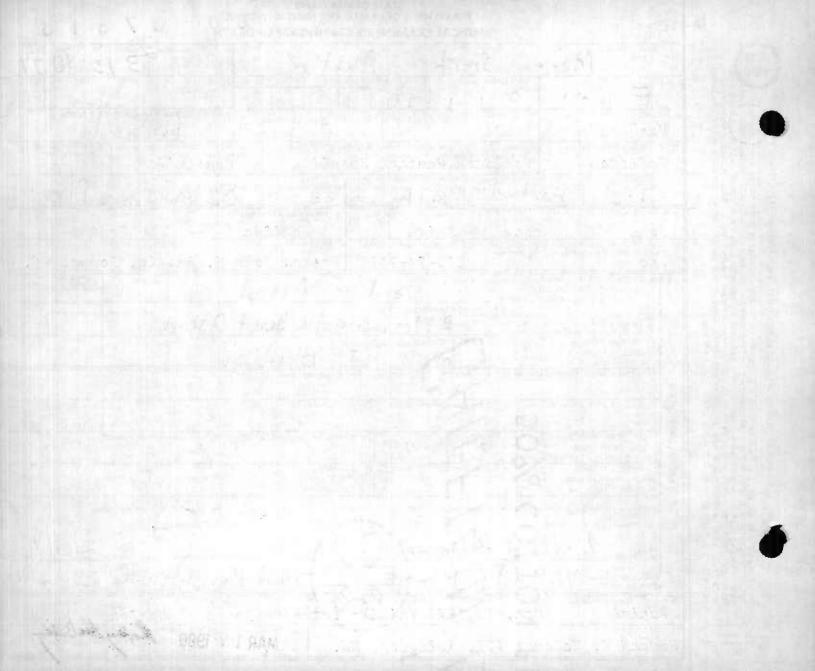
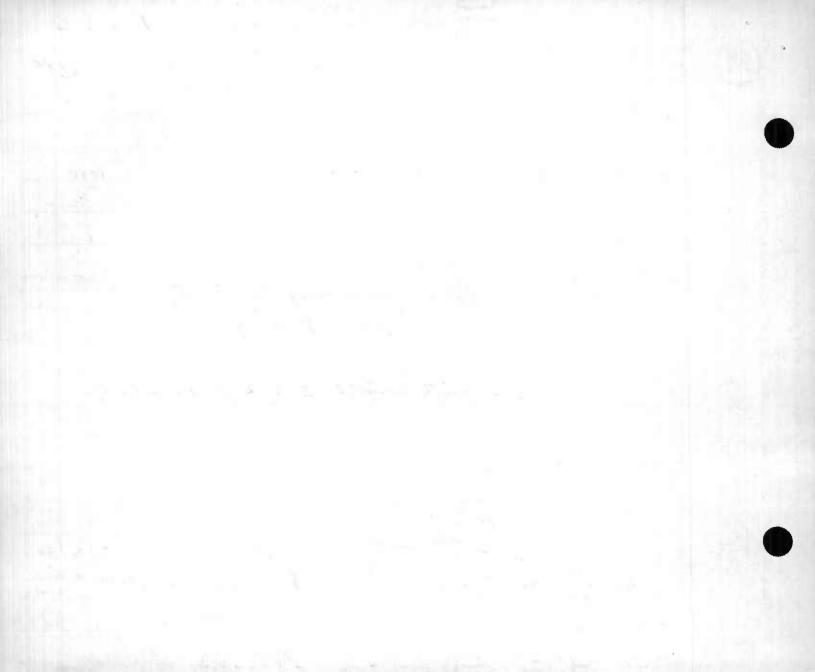
SOLOVO CE SET THE MALE OF THE STATE OF THE SET OF THE THE CHARLEST THE STATE OF THE COURT WHICH IS IN THE THE STATE SERVICE STATE OF THE PROPERTY OF THE FREDERICE GREENE SCHILLENS OF KANDON OF THE Source of the property of the same of the The contract of the service of

15 1-	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
1	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	015
(14	PE OR PRINT) PE OR PRINT)	e Smith Austin 20. Date known & Month of Esti- DEATH MATED 3	3 1980 7 M
3. SE	F CAMC	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHOAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 9. YRS.	DAY YEAR 2d. HOUR
5 1	oreign country) Maryland	USA MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	NOF DEATH MD
2	Falls to n	Fallston General Hospital For Most of Working Life)	26. KIND OF BUSINESS OR INDUSTRY
5 130. 5	STATE OF 13P COUNT	TO THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY FOR OF TOWN YES IN NO 13e. STREET ADDRESS YES IN NO 13e. STREET ADDRESS YES IN NO 13e. STREET ADDRESS	e Place
0		enry Smith Matilda Boo	last dt
1 160.	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE V NO	AED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 213-74-7613 Pastor John H. Austin,	oppa, Md.
35	PART I DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).) BY: CAYA! 20 Alrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b) Arterioscleratic Heart Disesse	
	couse (a) stating the under- lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF BREEDING	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION COUNTY OR TOWN COUNTY OR TOWN	NTY STATE
	22a. I certify that I took charge	e of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion of courses . Accident . Suicide . Homicide . Undetermined manner .	nion
	ACTUAL SIGNATURE	MAP amon M.D. ASSI DE MEDICAL EXAMINER SIGNED	3/13/80
	EXAMINER'S NAME (TYPE OR PRINT)	Hard P. Amoss ADDRESS 2404 Pleasant VIlle B	FAILSTON M
1	Burial	Mar. 15,1980 Trinity Lithuran Joppa Harford	d Md.
	UNERAL DIRECTOR	mas Tappress Abinadan Md MAR 1 1980	Metrody
Ho	oward K. McCo	mas III, Abingdon, Md. MAR 1 1980	77-004-



WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	MIODIE A RACE White The CITIZEN OF WHAT COUNTY IN NAME OF HOSPITAL, NOT HAT FORD ROTHER INSTITUTION, GIVE RESIDENCE MODIE ROTHER INSTITUTION, GIVE RESIDENCE ROTHER IN	MARRIED NEVI WIDOWED JURSING HOME OR OTHER I E SIJEET ADDRESS) LE BEFORE ADMISSION R TOWN 134 INSID YES 15 MOTH L SECURITY NO. 17 INFOR 34-7611 B PIERC (b), and ICL. MCLO PUL ISSEQUENCE OF	F DEATH 20. D VEAR OI ER MARRIED 10 MORCED 12 MORCED 12 MORCED 12 MORCED 13 MORCED 13 MORCED 14 MORCED 15	REG. NO. DATE OF DEATH MONTH PARCH 26 SE (IN YEARS LAST BRITHDAY) T S ALTIMORE CITY OR COL HAPTORA USUAL OCCUPATION OF WORK FOR MOST OF WORK STREET ADDRESS ADDRESS 2222 CG NG SVINGF FAILU	POULTS LAR	
SEX BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH HAVE COMPLE SUAL RESIDENCE (IF NURSING HOME OR STATE ITS COUNTRY) WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) ITS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE HAMEDIAT Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	A RACE White The CITIZEN OF WHAT COUNTY II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE AND THE INSTITUTION, GIVE RESIDENCE ROTHER INSTITUTION, GIVE RESIDENCE TO HAPPY MIDDLE REMED FORCES? THE WAR OR DATES) INDUSTRICT THE CAUSE (O) DUE TO, OR AS A CON (b)	MONTH 12 12 MARRIED NEVI WIDOWED JURSING HOME OR OTHER I E STREET ADMISSION) R TOWN 134 INSID YES 15 MOTH 15 MOTH 17 INFOR 34-76/18 PIERC 18EQUENCE OF	PERMARRIED 12 BA DNORCED 12 BA INSTITUTION 12 BA DE CITY LIMITS? 13 BA EFFS MAIDEN NAME FIRST HAHTO MANT LE H. BATES, 47	ADDRESS	POULTS LAR	H UNDER 24 HILL HOURS MAN DF BUSINESS C
BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH SUAL RESIDENCE (IF NURSING HOME OR B. STATE I WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) I (IF YES, GIVI NO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	III. NAME OF HOSPITAL, N (IF HOI IN SUCH FACILITY, GIVE ROTHER INSTITUTION, GIVE RESIDENC NT MIDDLE RAMED FORCES? (E WAR OR DATES) III SOCIAL AND SOCIAL AND SOCIAL LAS RAMED FORCES? (E WAR OR DATES) DILY ON COUSE PER line for IDI, IED BY: TE CAUSE (D) DUE TO, OR AS A CON (b)	MONTH 12 12 MARRIED NEVI WIDOWED JURSING HOME OR OTHER I E STREET ADMISSION) R TOWN 134 INSID YES 15 MOTH 15 MOTH 17 INFOR 34-76/18 PIERC 18EQUENCE OF	PERMARRIED 1. BA DIVORCED 1. BA INSTITUTION 12 R. I (TYPE DECITY LIMITS? 13 R. S. NO 13 R. S. NO 14 R. S. NO 15 R	ALTIMORE CITY OR COL HAPFORD USUAL OCCUPATION OF WORK FOR MOST OF WORK STREET ADDRESS HA 22 Con	WAS. MONTHS DAYS UNITY OF DEATH (ING LEE) 175. KIND (INDUSTRY COLUMN GO. LA LA RD, DARLIN	POURS ME
COUNTRY) CITY OR TOWN OF DEATH FAURE CONTRE SUAL RESIDENCE (IF NURSING HOME OR STATE ITALE WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	III. NAME OF HOSPITAL, N (IF HOI IN SUCH FACILITY, GIVE ROTHER INSTITUTION, GIVE RESIDENC NT MIDDLE RAMED FORCES? (E WAR OR DATES) III SOCIAL AND SOCIAL AND SOCIAL LAS RAMED FORCES? (E WAR OR DATES) DILY ON COUSE PER line for IDI, IED BY: TE CAUSE (D) DUE TO, OR AS A CON (b)	MARRIED NEVI WIDOWED JURSING HOME OR OTHER I E SIJEET ADDRESS) LE BEFORE ADMISSION R TOWN 134 INSID YES 15 MOTH L SECURITY NO. 17 INFOR 34-7611 B PIERC (b), and ICL. MCLO PUL ISSEQUENCE OF	DNORCED 12r 12	HAPFORD USUAL OCCUPATION OF WORK FOR MOST OF WORK STREET ADDRESS MIDDLE ADDRESS	RD, DARLIN	Rd.
FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	ROTHER INSTITUTION, GIVE RESIDENCE ROTHER INSTITUTION, GIVE RESIDENCE ROTHER INSTITUTION, GIVE RESIDENCE THE CAUSE (D) DUE TO, OR AS A CON (b)	ESTREET ADDRESS) LE BEFORE ADMISSION) R TOWN 134 INSID YES 15 MOTH 15 MOTH 17 INFOR 34-76/18 PIERC (b), and IC:	ECITY LIMITS? 13R. S. NO	STREET ADDRESS CON MIDDLE ADDRESS	HOUSE INDUSTRY	Rd.
FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	MDDLE BREED FORCES? IMPONE COUSE PER INDEP FOR (D), (B) DUE TO, OR AS A CON (b)	ISEQUENCE OF	er's maiden name Haffe Mant LE H. Bates, 43	MIDDLE F	HOUSE "	IGTON, M.
WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	RMED FORCES? 186 SOCIAL 213 Inly one couse per line for (D), (ED BY: TE CAUSE (D) DUE TO, OR AS A CON (b)	L SECURITY NO. 17 INFOR 34-7611 B PIERC (b), and IC. Pul	Hatte MANT LE H. BATES, 47	ADDRESS	RO, DARLIN	IGTON, M.
(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	nly one couse per line for (b), (b) DUE TO, OR AS A CON	34-7611B PIERO (b), and (c), Adio Pul ISEQUENCE OF	LE H. BATES, 43			
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	ndio Pul	monary	faile	BETWEEN.	UNATE INTERVAL ONSET AND DEA
	conditions CONTRIBUTING ESSION Fx.	G TO DEATH BUT NOT RELA	TED TO THE TERMINAL		N GIVEN IN PART 1	01
190 DATE OF OPERATION		VHICH OPERATION WAS PER	RFORMED 20	a AUTOPSY? 20b.	IF YES, WERE FINDI	
	HOUR A.M. MONTI	H DAY YEAR		ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
WHILE NOT WHILE AT WORK				CITY OR TOWN	COUNTY	STATE
sow the deceased alive an abave, (1) (we) und told to 27% SIGNATURE	view the body offer death.	/1 /		occurred on the date one	d haur and from the	that (I) (we) couses stated SIGNED 4-80
			RESS			
BURIAL, CREMATION, REMOVAL				CITY OR TOWN	COUNTY HAKFORD	STATE M.D.
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. L certify that (I) (this hasp sow the decent of the dece	218. ACCIDENT WAS UNDERLYING	216. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR POR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR POR CONTRIBUTION P.M. 19 21d. INJURY OCCURRED 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCA STREET WORK P.M. 19 22d. Learlify that (I) (this hospital) attended deceased from sow the deceased ship obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and that in (no obove. (I) (we light that the body offer death 19 C., and the body offer de	216. ACCIDENT WAS UNDERLYING	218. TIME OF INJURY 216. HOW INJURY OCCURRED 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 211. LOCATION 19 211. LOCATION 19 211. LOCATION 19 211. LOCATION 19 212. Location 213. Sireet 19 314. WORK 314. WORK 314. WORK 314. WORK 314. WORK 315. SIREET 315. SIGNATURE 316. SIGNATURE	216. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY 1216. TIME OF

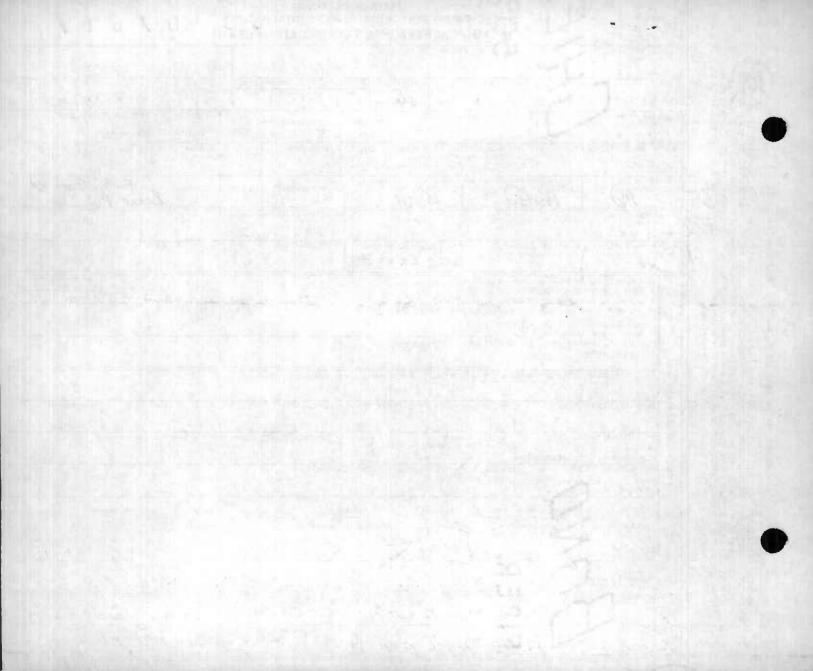
Canalis Filemanning facilities and the second with the second E-PARE KIT MO. 1225 Children Air. MILL.



16	_ FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 /
4	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	10
W	1. DECEASED NAME FIRST (TYPE OR PRINT) Willi	am EDGAR Behrmer 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 3	12, 80 3. FM
ARV, PLEAS	3. SEX M 4. RACE W	5 DATE OF BIRTH MONTH DAYS DAYS HOURS MIN PRONOUNCED DEAD 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2¢ DATE MONTH MONTH DAYS HOURS MIN PRONOUNCED DEAD	12 1980 4:10 10 M
NECESSARY FUNERAL D 5 FOR V PRESTON	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tllinois	18. CITIZEN OF WHAT COUNTRY? US A **MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY OF COUNT	TY OF DEATH MD.
SE S	Havre de Gr	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) (IF NOT INSTITUTE OF WORKING LIEF) (IF NOT INSTITUTE OF WORKING LIEF) (IF NOT INSTITUTE OF WORKING LIEF)	126. KIND OF BUSINESS OR INDUSTRY U.S. Army
AND RETAIL	USUAL RESIDENCE (IF IN NURSING HOME 130. STATE 13b. CQU	FAR FORD 13. CAY OR TOWN EEN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS IN DVICES NO IN TO THE COMB DVICES	re ave.
AORE, MD. 2 FER DEATH. 1 PAGES 1, 2, ORM PM 3, S 1 AND 2 S	14. FATHER'S NAME FIRST LOTEN	MIDDLE BEHYMEL Marie Behymer	LAST
BALTIMORE, RS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AN PAGES 1 AN	VES Viet	tnam 361-28-3113 Hospital Chart.	
TW. PRESTON S TED WITHIN 24 H PENCIL IN ITEM AGAMINER ALON ALTRANSIT PERW AENTAL HYGIENIR R REMOVAL.	PART I DEATH WAS CAUSI	ATE CAUSE (o) CONSEQUENCE OF (b) AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF VITAL RECORDS, 30 ATE SHOULD BE EXECUT E WORD "PENDING" IN THE CHIEF MEDICAL ED TO BE USED AS A BURL AENT OF HEALTH AND AENT OF HEALTH AND BURLIAL, CREMATION, O		IS <u>contributing to death</u> but not related to the terminal disease or condition given in part 1 (a).	
VITAL RESPONDED SHOULD ON THE CHIEF OF THE CHIEF IT OF HE CHIEF IT OF HE	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY? YES NO
SION OF YER CATE OF THE WASTAREN			RT 2)
BIVISION OF VITALI B. THIS CERTIFICATE SHOU TE, WRITING THE WORD "Y REWARDED TO THE CHIE P. PAGE 3 SHOULD BE USE STATE DEPARTMENT OF STATE PRIOR TO BURRIAL, C	ONDERTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COL	unty State
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21.	deoth resulted from: Note	rge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my op urol couses , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.D. DEPULY MEDICAL EXAMINER SIGNE WIS E. RENEL ADDRESS 414 Alliance St.	
O MEI XECUT AGE 4 O FUN	EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL		7 00 }
BP	(SPECIFY) Burial	18 Mar. 80 Arlington Nat'l Cemetery Arlington Arlingt	on Virginia
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FUNERAL DIRECTOR NAME Tarring Funeral	Home P A Aberdeen Md. 21001 MAR 1 7 1980 Firsty	Charles dy

Tongies eine eine Viewing Committee of the State Sarini committa morphism project I tell motinity. Olivan aritation LULY AND THE STATE OF THE STATE

			FOR			D	ED A DT	STA MENT OF		ANDM		IVEIEN		1114	6-1			
	1000		STATE:									12	_	U	1	5	1/	
1			REGISTRAR CEASED NAME	FIRST	-		MIDDLE	AL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DIE LAST 120. DATE KNOWN							_	NTH D	DAY YEAR	2b. HOU
X			OR PRINT)	Managara						. 1			OF	ESTI-				10.1100
(Might)	5.5	3. SEX	14	Nann:		OF BIRTH		6. AGE (IN YE		Bond DER I YR.	TIETANDED	241105			X MON		11 19 80	
(15.17)	五世				MONTH	DAY	YEAR	LAST BIRTHD	AY) MONTH		IF UNDER		2c. DATE	NCED				4P
177	63		emale STA	Black	11 CITIZ	EN OF WHA	10		RS.				DEAL		V 0.0.00	_	12 19 80)
55.85	型99	/0. BI	REIGN COUNTRY)	NE OR	70. CITIZ	EN OF WHA	AI COUN	IKY?			VER MARRI	IED			_		OF DEATH	
関連に	33//	10.0	TY OR TOWN O		-				WIDOW		DIVORC			rford				M
Z THE	See See			PEATH	(IF NO	T IN SUCH FACE	LITY, GIVE ST	RSING HOMI			TION	FOR W	OST OF WO	PATION (TYPE OF W	DRK 120.	OR INDUS	TRY
300	111		L Air					tain C		Rd.								
_ · · _	300		TATE AA	F IN NURSING HOME COUN		TITUTION, GIVE		ORTOWN	ION)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRI	ESS	- F	ounta	in Green	Rd
21201 IF ANY 2, AND 3. RETA	रेड्ड		110	Ha	14000		K	elair		YES X	NO 🗆			1	Selain	· M	2	
	N 4170	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAIDE	EN NAME	A	AIDDLE		70	LAST	
E, A	8 7 K		KNOW							un	KNEL	JN						
BALTIMORE, MD. IRS AFTER DEATH GIVE PAGES 1, WITH FORM PM.	-z 1	16a. V	AS DECEASED	EVER IN U.S. AR				IAL SECURIT		17. INFOR	THAN		15 1	ADDRE	SS			
ALTIN SAF SIVE	AGE		NO				222	220	6 33								1	
	DIVISION DIVISION		18. CAUSE OF	DEATH (Enter on	ly one cou	se per line f	ar (a), (b)	, and (c).)									APPROXIMA BETWEEN ON	TE INTERVAL
A HO	PERMIT.		PARTIDEA	TH WAS CAUSEI	D 8Y: TE CAUSE	(» <u></u> Нуре	rten	sive &	arte	rioso	elerot	tic c	ardio	ovasc	ular			
TON SA I			400	9				ISEQUENCE										
E E E E E E E E E E E E E E E E E E E	MENTAL HY			, if any, which		(b)												
OI W. PR. UTED WIT N PENCIL EXAMINE	MENTAL MENTAL OR REMO		cause (o) s	toting the under-	<	JE TO, OR A	S A CON	SEQUENCE	OF						70:11		Desc.	1451
N P P P P P P P P P P P P P P P P P P P			lying cause	e last.		(c)												
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RITHOR THE WORD "PENDING" IN PENCIL IN ITEM 18 00ED TO THE CHEF MEDICAL EXAMINER ALONG"	740		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).															
COR NE NO IN	ED AS HEALTH	CERTIFICATION																
ULD "PEF	CRE CRE	PAT	190. DATE OF C	DPERATION	19	b. CONDITI	ON FOR V	WHICH OPER	W MOITA	AS PERFOR	MED?					20. AUTOPSY?		
SHOUNDED THE	A Q C	Ī															YES V	NO [
NTE WE	LD BE U	E	210. EXTERNAL	-		b. TIME OF I		DAY YEAR	21c. HC	W INJURY	OCCURRE	DIENTERN	ATURE OF IN	JURY IN ITEM	18 PART 1	OR PART 2)	1	-
PEC.	950	¥.	UNDERLYING CONTRIBUTING	G CAUSE OF I		P.M.	MONTH	19										
/ISIC	DEPARTMENT PRIOR TO BURE	MEDICAL	21d. INJURY OC	CCURRED	21	e. PLACE OF				CATION			CITY OR TO			COUNTY		STATE
DIN WRIT	III	Σ	WHILE AT WORK	NOT WHILE		STREET, PACIO	RT, FARM, E	IC.)	3	INCEI			CITY OR TO	WN		COUNTY		STATE
⊢ . ≤	A 1-				d ab		the deba	or hald		y X	1 4	П						
N N N N N N N N N N N N N N N N N N N	SHO.	- 19		that I taok charg		Y descr		ve, neld on	Autops	_	Inspection		Inquiry			ny opinio)n	
XAMINE ERTIFICA	YLA		death resulted	a fram: Natur	roleauses	1	Coident	7	ngide L.J.	, Homi		Undete	rmined m	onner L_	,			
EX AA	WAR.		ACTUAL	CVI	19011	. 1	12	1.0	-		PECIFY)			3419	D	ATE	2/7/	100
CAL	RATE		SIGNATURE	100	ESC UNI	0	1	ma	- "	pelon	ty Chi	LEIMEDI	CAL EXA	MINER	SI	GNED_	3/13	1/80_
MEDIC CUTE T	3980	-	EXAMINER'S N		mas I	O. Smi	th.	M.D.	-		Lll Pe	enn S	t.	Bal	to.,	MD	M. Sel	
EXEC PAGI	TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE S BALTMORE, MARYLAND, 2	230 8		ION, REMOVAL 2		-		NAME OF CE		-			CATION					
- w d		(5)	PECIFY)			5-80		ABER					ORTOWN	3 Fun		COUNTY		STATE
BP	1	24. F	MERAL DIRECT	OB .							250. DATE			AR 25b. RE				0
(VR A15	H - 17 ME (5))	0	NAME CORR	EW	TIHI	ADDRESS	3 = (1211	2 121	1)	AP	KAS	1381				Chan	4
15M	7/76	0			1 1 1 4	- /-	/	. , , , ,	11							/	100	

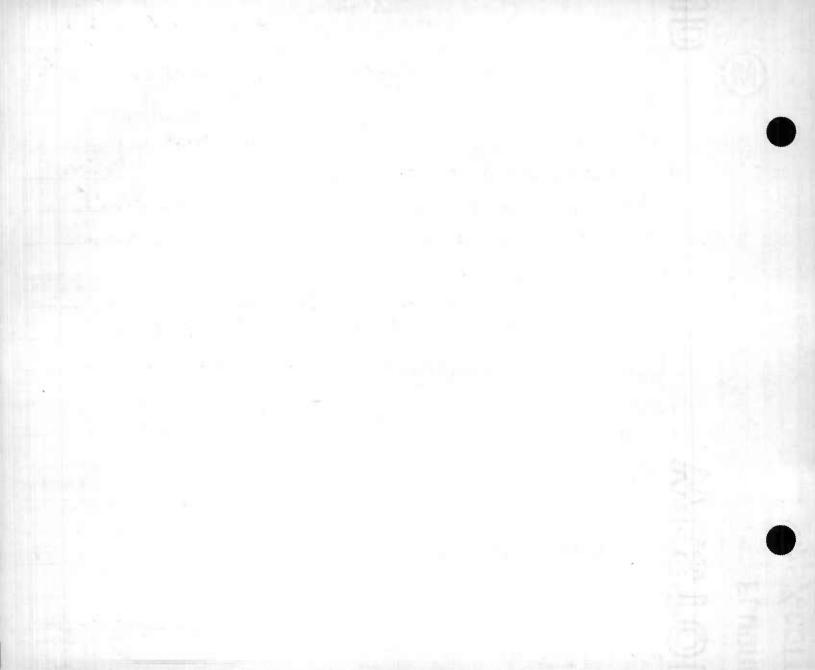


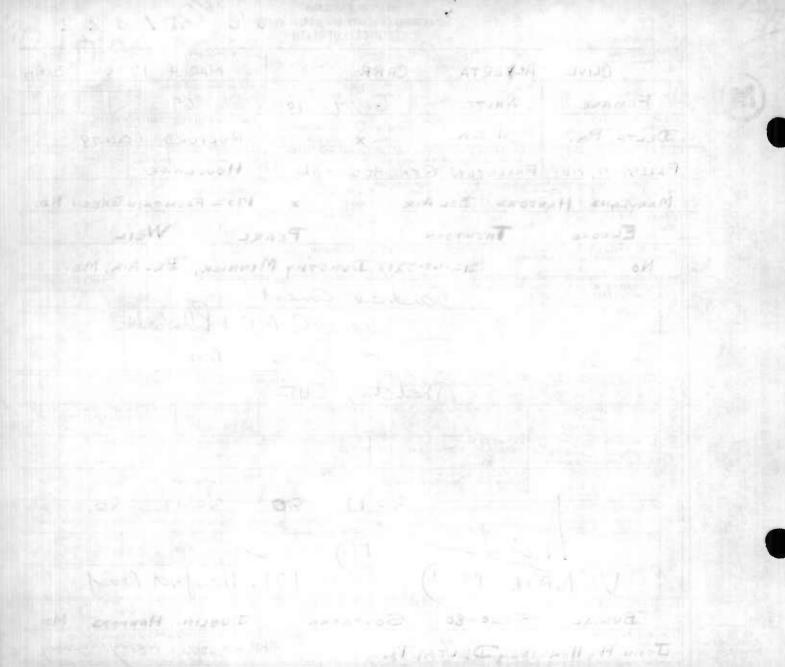
the state of the same of the s verter territor No Professional Comments of the contract of th A Company of the Comp the second of th And the control of th Mark 1999 Eather Rolling

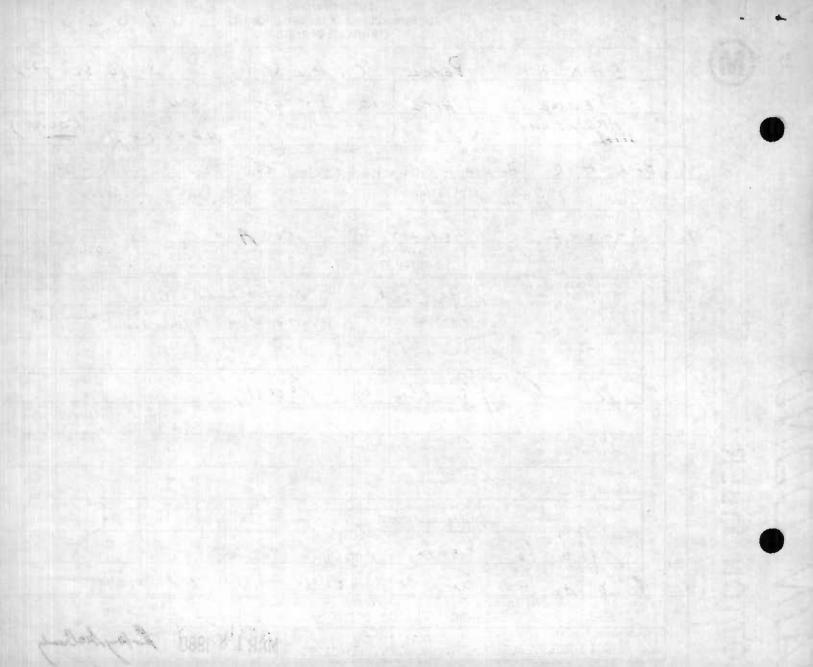
2	1	Items 6 g542 4/	18/80 gj	STAT	OF MARYLAND				
	1	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	0 /	0 1	9
a vz = /	I DI	CEASED NAME FIRST EMMIT	+ BERNAR		BUTLER	20. DATE OF DEATH	MONTH DA	V YEAR 0.1980	15 45 A
ce.	3 51		RACE White	S. DATE C	FBIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS AIN
eath. Pag			CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	Coun-	4,,
rs after d	10 0	TALLS TON	NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST FALLS TO N		R OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Miner	TION OF WORKING LIFE)	12b. KIND O	F BUSINESS OF
illed for Idea in Inc.		ALRESIDENCE (IF NURSING HOME OR OT STATE UT COUNTY aryland Harfo	HER INSTITUTION, GIVE RESIDENCE BY	OWN	13d. INSIDE CITY LIMITS? YES NO 3	13R. STREET ADDRESS			
ompletely f and 2 shou		ATHER'S NAME	DOLE LAST	COIL	15. MOTHER'S MAIDEN NA	2000	Crunon	LAST	
n and com		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) IF YES, GIVE W @ S	AR OR DATES)		Margie Dul	ADDI		chmont	t Driv
e law requires that the de s been signed by the atten iti. Then please remove ca prior to burial, cremation, ws any injury, or other tra	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO ORAS A CONSE (b) DUE TO ORAS A CONSE (c) NOTITIONS TRIBUTING	QUENCE OF	And the property of the person	madisease ebud	1206. IF YES.	N IN PART 110	IGS USED
PHYSICIAN: The Ing physician. this certificate has burial-transit permit. Mental Hygiene pri	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	P.M.	19	21c HOW INJURY OCCUR	YES NO	YES		OF DEATH?
AL OR ATTENDING in the hospital or attending AL OIRECTOR: After trached for use as the bite Dept. of Health and ite Dept. of Health and IT: If Item 21 is marked	W	WHILE NOT WHILE 270. I certify that WORK (his haspital saw the deceased alive on chart 17th SIGNATURE	(ATHOME, STREET, FACTORY, OFF	9 80	ad that in (my) aur) apinion	, tadeath occurred on the	date and haur	So	tha (I) we) last
TO HOSPITAL retained by the bacterined by the bacterine should be detach with the State D IMPORTANT: I	72-		SUN, M.Z).	ATTENDING PHYSICIAN 222R ADDRESS SEMETERY OF CREMATORY	MEDICAL ST. DIRECTOR PHYS	Rd. (B-2 Falls+	0-80 m 2104
BP	24	Burial UNERAL DIRECTOR	3/23/80 :	Peters	town Cem.	Peters1		OUNTY OTCOT AR'S SIGNAL	W.Va
(VRA 15, 4) 1/79	L	assahn Funeral	L Home 740	1 Bela	ir Road	1300		/	1

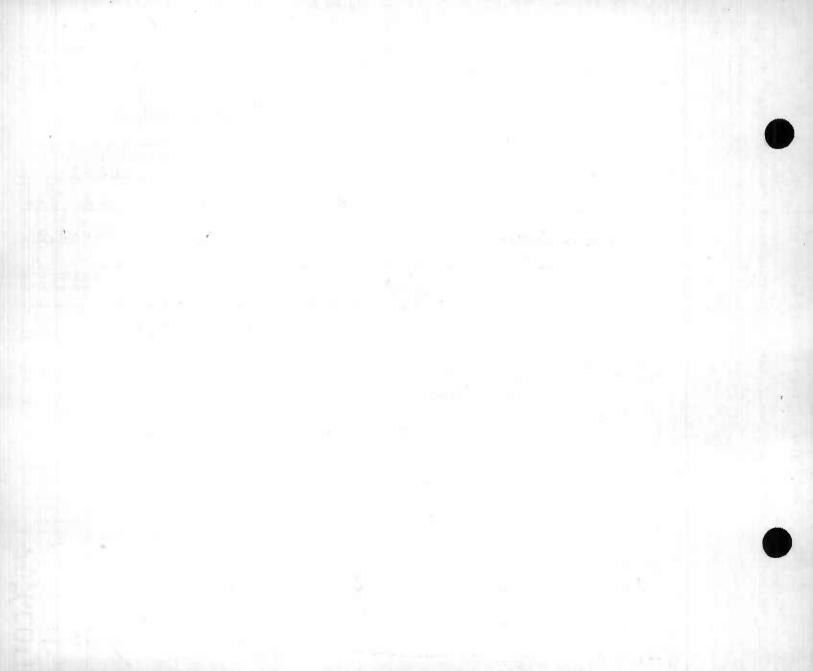
WHAT IS A BANK ROLLING THE CONTINUE STATE THE WASTER miliano continue continue to Hard & charme Page Worlder - 1 - 2 1 198 The form the first present the The state of the Author Control of Authorities 33-01. E TELL X Albert Sin made. I fine shape I his Filled array

entitle and the CENET. HE 1 - 3 - 5 - 5

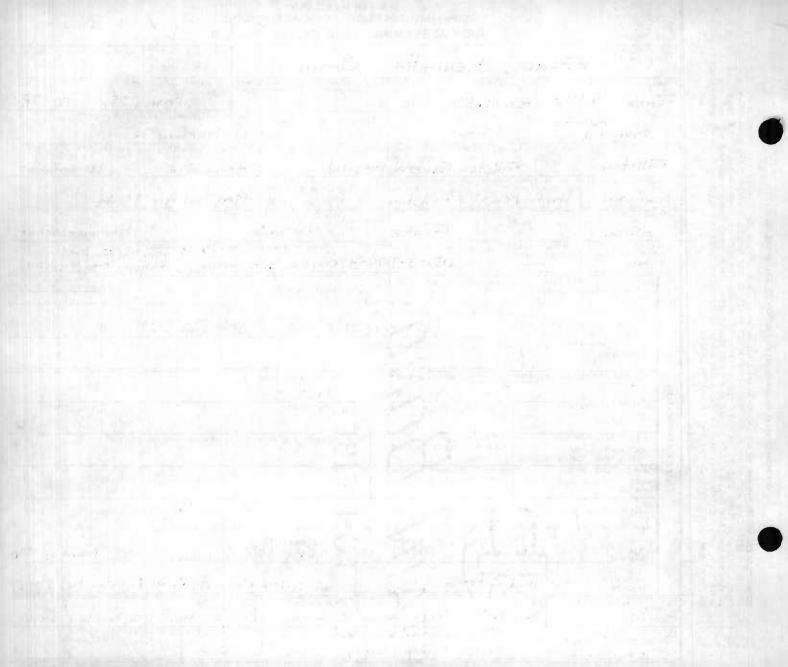








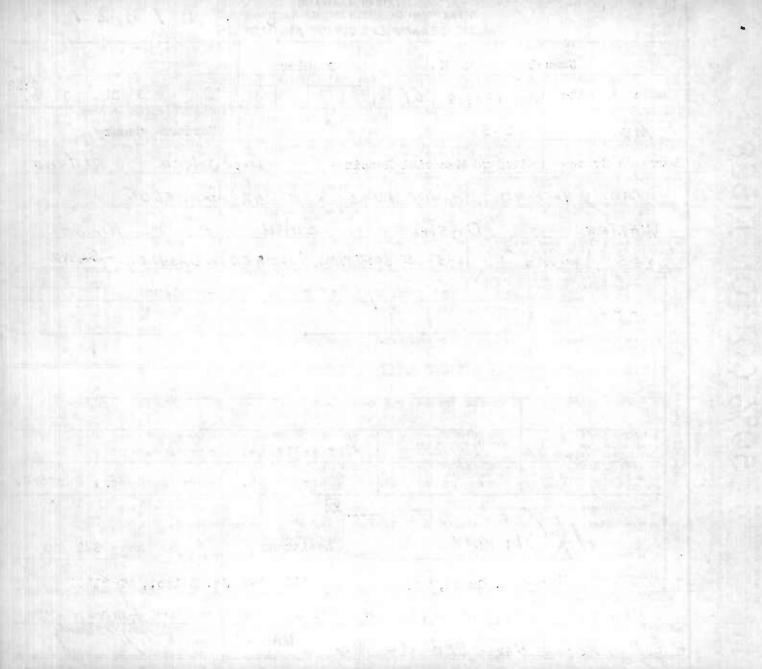
			STATE OF MARYLAND	
]-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 5
	1. DE	CEASED NAME FIRST	NCES HENREHA COCUN 20. DATE KNOWN MONTO OF ESTI- DEATH MATED	1 DAY YEAR 25 HO
1	3 SEX	A. RACE White	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) PEb. 19,1890 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH MONTH DAY YEAR MONTHS DAYS HOURS MIN. PRONOUNCED DEAD CONTROL 2	DAY YEAR 2d. HC
35		RTHPLACE (STATE OR REIGN COUNTRY) Baltonore	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED ☑ NEVER MARRIED ☐ 9. BALTIMORE CITY OR COU WIDOWED ☐ DIVORCED ☐ HAT COTTE CO.	
2	F	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) HEUSE L'ÉTE	126. KIND OF BUSINESS OR INDUSTRY
5	13a. S	rate land the	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY FORT CES. 130. CITY OR TOWN 131. INSIDE (ITY LIMITS? 130. STREET ADDRESS 1900 BELL Fire Co	pa
0		SOUND SOUND		Ammerbacher
1	16a. V (Y	No	NE WAR OR DATES)	Air Road Manyland 21047
A STATE OF THE PARTY OF THE PAR		Conditions, if ony, which gove rise to immedia couse (a) stating the <u>underlying couse last</u> .	ote (b) Market Market	
	ATION	196. DATE OF OPERATION	TEXE BYO Y 25 CM BY DISRESS.	20. AUTOPSY?
3	AL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF DEATH P.M. 19	YES NO
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	COUNTY STATE
		22a. I certify that I took cho	proge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my mural causes , Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY)	
BALTIMORE, MARYLAND, 2	23o. B	JRIAL CREMATION REMOVAL	Mard P. Amoss, M.D. ADDRESS 2404 PLEASANT VILLE Rd., FALL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	
	B	PECIFY)	April 19190 BEI Air MEMORIAI GARdENS BEI Air Harroad Co.	Maryland 21014
7 (5))	3	MERAL DIRECTOR SMEPH William Fos	W. Broadway & Williams St. 250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S BELLEY MANyland 22014 APR 2 1980	RECTURE

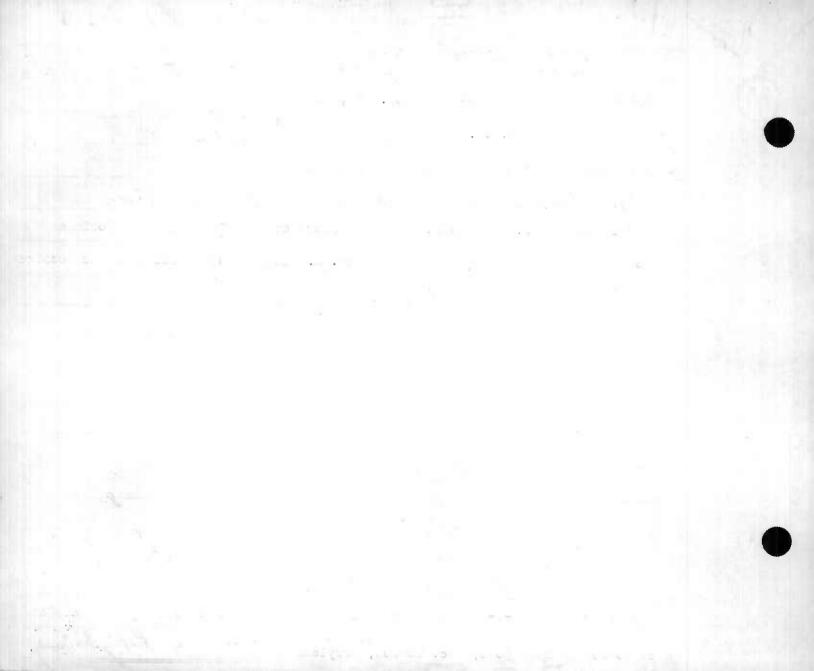


			STATE OF MARYLAN		
		FOR STATE	DEPARTMENT OF HEALTH AND MI		7626
		REGISTRAR	MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH REG	3. NO
E		CEASED NAME FIRST	MIDDLE LAST	20. DATE KNOW OF ESTI-	
		Eldon	Walter Crai	DEATH MATE	
	3 SE)	4 RACE S. C	DATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS	FUNDER 24 HRS. 2c. DATE HOURS MIN. PRONOUNCED	MONTH DAY YEAR 2d HOUR 5:15
I		MU	10 15 13 6 GYRS.	DEAD	B 6 1980 0M
100		RTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	VER MARRIED 7. BALTIMORE CI	TY OR COUNTY OF DEATH
		Kansas	USA WIDOWED	DIVORCED AAK	ctors MD.
	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITU	ITION 12e. USUAL OCCUPATION FOR MOST OF WORKING LIFE	
7		uperdeen !	3 Chesapeake Ct	. Retired	U.S. Army
ĝ	USUA 13a. S		RER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (1)	TITY LIMITS? 13e. STREET ADDRESS	
		MI) HA	RFORD HORIDER YES	NO Bame	
	14. F/	ATHER'S NAME FIRST MIL	DDLE PAST 15 MOTHE	ER'S MAIDEN NAME	LAST
			CRAIG		Craig
	16a. V	VAS DECEASED EVER IN U.S. ARMED		MANT ADD	rdeen, Md. 21001
			Korea 514-05-0940 Lilli	ian F.Portoghesi.3	Chesapeake Court.
		18 CAUSE OF DEATH (Enter only an	e cause per line far (a), (b), and (c).)	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY	AUSE(a) Coronery	Wealt DISea	16
		4140	DUE TO, OR AS A CONSEQUENCE OF		P
		Canditians, if any, which gave rise to immediate	(b) Cardio - ye.	spiratay fo	21/100
		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	/	
		lying cause last.	(c)		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1 (a).	
İ	ON				
	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFOR	RMED?	20 AUTOPSY?
ļ	TIF				YES NO
	CER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			
	MEDICAL CERTIFICATION	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	2	AT WORK AT WORK	SINCE!	CITORIOWN	COUNTY
			the remains described abave, held an Autopsy ,	Inspection . Inquiry .	and in my apinion
		death resulted fram:Natural co			The strain and strain
		death resolled fram: Natural co	Notes Lat. Accident Lat. Suicide Lat. Homic	Cide	
j		ACTUAL	4 Kenty	Desus	DATE 3-6-08
ĺ	A	SIGNATURE	- D	MEDICAL EXAMINER	SIGNED
1	1	EXAMINER'S NAME (TYPE OR PRINT)	IL E REDIE ADDRESS	46 & allian	se St. It do f
	23g. B	URIAL, CREMATION, REMOVAL 236, D		ORY 23d. LOCATION	
	(\$	(PECIFY)	8/80 Cratin & Ferris	West Cheste	r Chester Pa.
1	24 F	UNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 25b	PEGISTRAR'S SIGNATURE
	To	NAME	e P.A. Aberdeen Md. 21001	MAR 12 1980	Atry holling
ĺ	12	THE PURCHASIL FOR	B.F.A. ADEPUEEN YO. ZIOOL	- 7 1000	

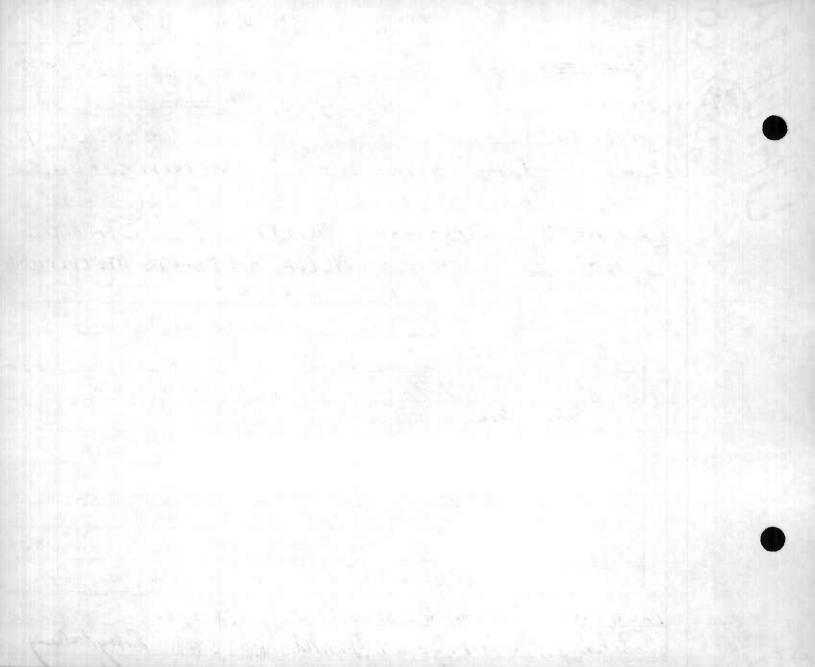
ALL STREET, ALL THE COLUMN COL Parti - Kores - Mis-Of-Own - Milling C. Forsophers, J. William Faura - Marting benetien Walking maneral Topics Tending Scott Line, P.A. ther bein, M. Main

		EGISTRAR				EXAMINE		TIFICATE	OF DEA	TH	REG. NO.			
()		EASED NAME OR PRINT)			MIDDLE	100	LAST	THE			OWN M	ONTH DAY	YEAR	2b. HOUR
			Samu	e1	H	27	1	Dashler		DEATH MA	ATED [19	M
3	. SEX	male	white	Nov. 19	DAY YEAR	6 AGE (IN YEAR	MONTHS (1 YR. IF UND	ER 24 HRS.	RONOUNCE DEAD	1014	21	YEAR 19 80	24 50 US
1	o. BIR	THPLACE (ST.	ATE OR		F WHAT COU	VTRY?	MARRIED I	Y NEVER MAI	PRIED []	BALTIMORE	CITY OR C	OUNTY OF		
1		MD.		21.	S.A.	7.1	WIDOWED	DIVO		Harf	ord C	ounty		MD.
I	0 CIT	YORTOWN	F DEATH		HOSPITAL, NU	IRSING HOME,	OR OTHER IN	ISTITUTION		AL OCCUPATI OST OF WORKING		WORK 12b. K	IND OF BU OR INDUSTR	SINESS
л.		re de		Harfo	rd Memo	orial Ho			TRUC	KDRIV	ER		ETIRI	
	JSUA 30. ST		13b. COUNT		13c. CIT	E BEFORE ADMISSION Y OR TOWN WIRE GEL	13d.	INSIDE CITY LIMITS	13e STRE	MARI	YET, S	T	ST	
f	4. FA	THER'S NAME		MIDDLE		IAST	15. /	AOTHER'S MA		WIDDLE			LAST	
1	lb.	WALT	ER	~	DAS	HLER)	Eoil	TH	MIDDLE	STREET.	KN	116H	T
Ī	60. W	AS DECEASED	EVER IN U.S. ARA	MED FORCES?		CIAL SECURITY		NFORMANT			DDRESS			
		YES	WIN		195	-05-6	087 71	m, Wil	DRED	W. DA	SHLE	R	S-A/YY E	L
ľ		18 CAUSE OF	DEATH (Enter onl	y one cause pe									APPROXIMATE	INTERVAL
ı		CAPA	TH WAS CAUSED	E CAUSE (o)	Sho	t gun w	ound o	of ches	st g	un-sho	tgun			
ı		750		DUE TO	, OR AS A COI	NSEQUENCE O	F							
1			s, if ony, which	(b)_							- 198			
			stating the <u>under-</u>	DUE TO	, OR AS A CO	nsequence o	F							
l	z	PART 2 OTHER SIG	NIFICANT CONDITIONS		EATH BUT NOT REL	ATEO TO THE TERMIN	IAL DISEASE OR C	ONDITION GIVEN IN	PART 1 (a).					
	Ĭ	19a. DATE OF	OPERATION	19b. CO	NDITION FOR	WHICH OPERA	TION WAS PI	ERFORMED?		7 7 7 7		20.	AUTOPSY?	
ı	핊												YES XX	T ON 5
	1.3		CAUSE WAS		E OF INJURY	DAY VELD	21c. HOW II	NJURY OCCUR	RED (ENTERN	ATURE OF INJURY I	IN ITEM 18 PART I	OR PART 2)		
	AL	UNDERLYING CONTRIBUTIN	G CAUSE OF D		P.M. 3/2	DAY YEAR	sel:	finfli	icted	shot g	gun wo	und		
	EDI	21d. INJURY O	CCURRED	21e. PLA	CE OF INJURY	(AT HOME,	21f. LOCATIO							47175
	2	AT WORK	NOT WHILE AT WORK	ba	sement	of hom	1e 420	Market	t St.,	Havre	e de G	race,	Har:	ford,
		22a. I certif	that I took charg				Autapsy X			Inquiry		my opinion	Md	0
		death resulte	d from:	causes;	Accident	L, Suic		Homicide		rmined manne	r,			
		ACTUAL SIGNATURE _	1/1	Jh.	ano		M.D	Assist	ant MEDI	CAL EXAMINE	R S	DATE 3	3/21/8	30
1		EXAMINER'S N	IAME HOT	mez R.	Cuand	M D	ADDI	RESS 111	Penn	St. Ba	1 to	MD 21	201	
1			ION, REMOVAL 2			NAME OF CEM				CATION PRIOWN		ارے بیر	.~ 01	
T	(SF	ECIFY) 131: G		VIAR, 24,		LIVEFL		CEMI	HAY	REAF GI	odde 1	ASD EN	PD. 1	Mp,
Į.		1011111	7 7 T T T T T T T T T T T T T T T T T T	111111111111111111111111111111111111111										
1	24. FU	NERAL DIRECT		VIENTA L	77	77407				REGISTRAR		NES SIGN		7

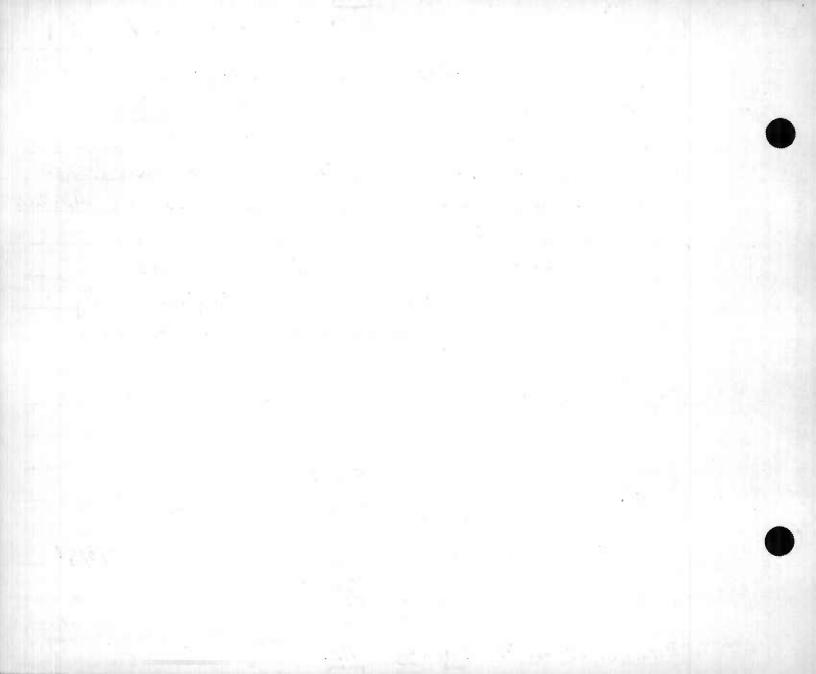


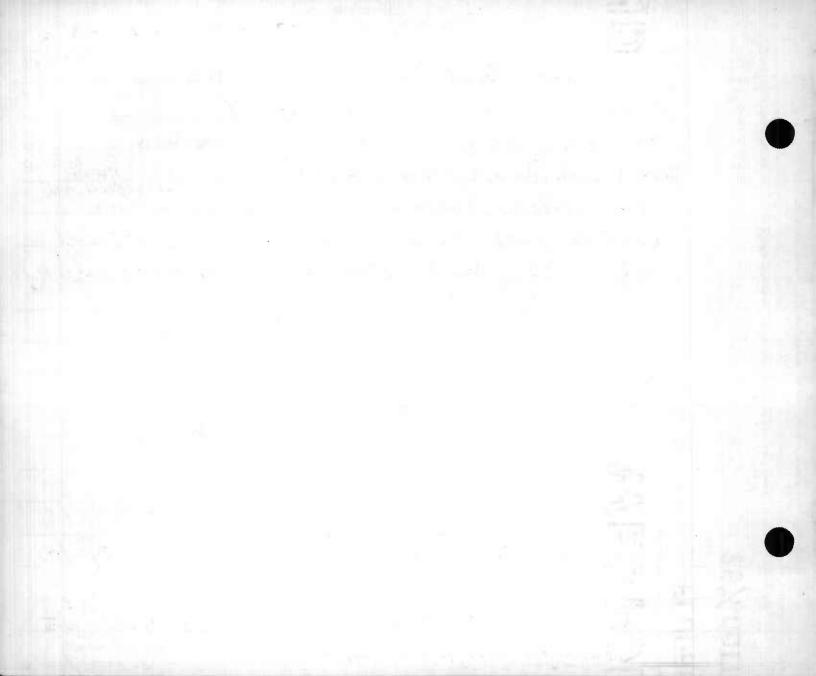


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH MONTH DECEASED NAME YEAR 2b HOUR RACE DATE OF BIRTH IF UNDER I YEAR 3 SEX MONTH YEAR 6/1 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINE O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? RERDEEL SWAN 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WARDS-APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (o), stating the AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 1-18-80 31/480 bludon NOV NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 1-11 22a I certify that (I) (this hospital) attended the deceased fram 9.80 saw the deceased alive an. and that in (my) (our) opinion death occurred an the date and hour and from the causes stoted abave, (1) (well (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL -PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OF PRINT should be with the S GENERAL FALLSTON 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE BP REGISTRAR 25b. REGISTRAR'S SIGNATUR RAL DIREC DHMH - 16 60M 1/75 (VR A 15 (4))



	11.3
ALL ENGLISHED STORY OF THE STORY OF THE STORY	
LEW TO BE SELECTED TO SELECTION WAS A PROPERTY AND A SECOND SERENCE.	





State Value of the second seco

E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 21087

- STATE

(VR A 15 (4))

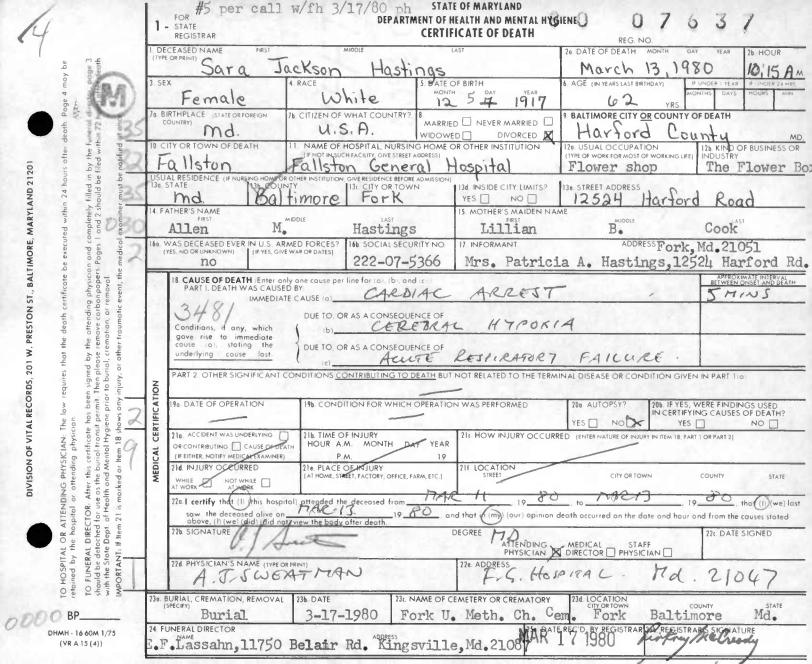
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENDE

BO CONTROL OF LATEL MADE LA LINE AND LOCALIDA MADE LA CONTROL DE LA CONT Daniel Barton La Company of the Comp The Control of the Co AND COMPANY AND ASSESSMENT OF THE PARTY OF T

		1	FOR		TATE OF MARYLAND	.e.ie	
1	11-1	11-	STATE		OF HEALTH AND MENTAL HYG		4 2 2
(0)		REGISTRAR		INER'S CERTIFICATE OF D	REG. NO.	0 3 3
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
	SE.S.		Morris	5 EDWARD	HANKEY	DEATH MATED 3	23 10 80 12:45 4
	LCESSARY, PLEASE LINERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET.	3. SE		5. DATE OF BIRTH 6. AGE (NYEARS IF UNDER 1 YR. IF UNDER 24 H	IRS. 2c. DATE MONTH	DAY YEAR 124 HOLLB
	RECUR	M	ale White	MONTH DAY YEAR LAST BIR	. Months DATS MOOKS MIN		1980 12:45 AM
	SSARY RAL DIII R YOU HIN 72		RTHPLACE (STATE OR	Jan. 28, 1908 72	YRS.	9. BALTIMORE CITY OR COUN	19 8 12. AM
	RES A		REIGN COUNTRY)		MARRIED NEVER MARRIED	D F BALTIMORE CITY OR COUN	OF DEATH
	72 3 3 7	1	Penna.	USA	WIDOWED DIVORCED	- HARFORD	COUNTY MD.
1	831 KED.	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTION 120.	USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS
(1)	COLUMN TO SERVICE STATE OF THE PARTY OF THE	4	FALLSTON	FALLSTON GE	NERAL HOSPITAL	FOR MOST OF WORKING LIFE)	Bowlling
15	CORDS	USU	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADA	AISSION) A 13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS \ (\(\int\).	2116.01
2120	SHOULD		MO 193	MOVA BELAN	YES NO D	10 182 HO KIN	Bel HIX MA -
MD. 2	H. I. A. 3. 2. 5. 2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	
	R DEATH. IF AGES 1, 2, IRM PM 3, IE I AND 2 SHO I OF VITAL REC	0	William	Hankey	Esther		Bacon
OR	FORM FORM S 1 An	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
BALTIMORE,	URS AFTER B. GIVE PA WITH FOI PAGES I DIVISION		ES, NO, OR UNKNOWN) (IF YES, GIVE	1 96-03-1	835 Mrs. Betty	Lee Hankey, B	el Air. Md.
BA	WIT WIT			ly one couse per line for (o), (b), and (a).)	**		APPROXIMATE INTERVAL
ST.			PARTIDEATH WAS CAUSE	DBY: AVOID DIVIN	MONAYY AVYEST		BETWEEN ONSET AND DEATH
NO	ITEM ITEM ITEM ITEM ICONG PERMI GIENE		4275 IMMEDIA	TE CAUSE (0)			
EST	ENCIL IN AMINER A AMINER A TRANSIT ENTAL HY REMOVAL		Conditions, if any, which		Chronie Obstructiv	LUNG DIFF OND	
9.	A PAINE		gave rise to immediate couse (a) stating the under-			e and placement	
<u> </u>	EXAN EXAN EXAN SIAL-T		lying couse lost.	DUE TO, OR AS A CONSEQUENT	Se although the second		
30				((c) 1 LODYDIE	HALIMA		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	UZS < TE	z	PART Z UTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d	1.	
50	MEC MEC MEC AS EALTI	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH O			
AL &	SE SE SE	Ş	THE DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		2B AUTOPSY?
1	T & O O &	4 2	210. EXTERNAL CAUSE WAS	AN THE OF THE			YES NO
0	CATE WENT THE WENT TH	2 8		216. TIME OF INJURY HOUR A.M. MONTH DAY Y	EAR TIC HOW INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
NO NO	RTIFIC IG THE SHOU PARTA	S	UNDERLYING OR CONTRIBUTING CAUSE OF				
IVIS	CERTIFICATE STITING THE WODED TO THE 3 SHOULD BE DEPARTMENT PRIOR TO BURI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE IS	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
ā	R: THIS CERTING TE, WRITING SRWARDED TO PAGE 3 SH STATE DEPA STATE	1	AT WORK AT WORK			4	
	TE, TE, ORWORK: P. P. ST. 212		22a. I certify that I took chard	ge of the remains described above, held a	n Autopsy , Inspection	Inquiry ond in my a	oinion
	N T TO T		death resulted frogt. , Ngtu	Mandan D		ndetermined manner .	pillon
3	REC BECKE	100	11/:17	1. 100 /100 0	TALE (SPECIFY)	roelermined manner	
	AL EXPLOYED CENTRY ATH, VATH, VATH, VE, MAI		ACTUAL TVW	may vinos	1396	MEDICAL EXAMINER SIGNI	
-41	SHI SHI SHI SHI SHI SHI SHI SHI	0	28301923377			MEDICAL EXAMINER SIGNI	ED
	MED A PER DE LA	9	EXAMINER'S NAME WL	LLARD P. AMOSS,	M.V. ADDRESS Fallst	on, Maryland	
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21	23a. B	URIAL, CREMATION, REMOVAL	3b. DATE 23c. NAME OF		d. LOCATION CITY OR TOWN COU	noty (d. Henry
	BP	,			y Funeral Home	Berkley Spring	s. Morgan
	DHMH - 17		UNERAL DIRECTOR		250. DATE REC'E		Signature dy
	(VR A15 ME (5)) 15M 7/77	Ho	ward K. McCoi	mas ITT, Abingdo	n, Md. MAD?	7 1980 Frefry	The state of
					TIME (1-1-1-1-1	

	1			STATE OF MARYLAND		270
7	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	JENE 0 PEG. NO	7 6 3 6
		CEASED NAME FIRST	WIDDLE	LAST		AONTH DAY YEAR 26 HOUR
age 3 death	(ITPE	Geor	ge Edward	HAWKINS Je	in Ao	Ju 25 1980 5:30
de	3 SE		IRACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	100
(BA)		male	Black	4 30 1909	70	YRS. HOURS MIN
FIAT		RTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	MARRIED P NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
10 H2		M)	USA	WIDOWED DIVORCED	HARFOR	2
he f	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF	
के कि	HH	WRE de GRACE	HARFORD Mem	orial Hospital	Retired	
din m	USU 13a	AL RESIDENCE (IF NURSING HOME OR OTTATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13g. STREET ADDRESS	
ly filled iould be aminer in		MA	Ford KlANKE de	4	738 Ots	eno St
shou	14. F/	THER'S NAME		15 MOTHER'S MAIDEN NA	AE	9
00 /	6	h	HAWKIN	3 11/2	MIDDLE	Webster
l an	160	VAS DECEASED EVER IN U.S. ARA	2/		ADDRE:	110 010-1-1
ages the r			WAR OR DATES	UUI 111 /- 7:	s ntee.	. et 11/1
ian i. Pa		110	217 20 1	TYO WIFE 1-	1 UTSEG	D ST. H d 6.
ysic personal soval evel		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), one	0	1,0,0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ng ph nn pa rem natic		IMMEDIATE		- KESPIRATORY K	TRREST	
ip do p		1579	DUE TO, OR AS A CONSEQUE	NCE OF	, ,	
the attentions emation, other tra		Conditions, if ony, which	1 by SMALL	Bornel OBSTR	UCTION	la breels
the at emove emati		gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSTONE	NGF OF		11
d by ase reial, cr		underlying couse lost	DUE TO, OR AS A CONSEQUE	EN DANCREATIO	CANCE,	2 4 mos
igned n plea buria injury		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF COND	ITION GIVEN IN PART I(a)
t to	Z				THE DISCHOOL ON COME	
is been nit. The prior to ws any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
	문				WEE CO NOO	IN CERTIFYING CAUSES OF DEATH?
18	1	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO	YES NO
certificans trans trans Item		OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	ED (ENTERNATORE OF INJOR	THE IS, PART LORPART 2
this certi urial-tra Mental	₹	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
fter the burn and N and N arked	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
After the sthe bunth and Munarked	1	AT WORK AT WORK				
C C E S		22a I certify that (I) (this hospite	ol) attended the deceased from _	1- 29 19 80	to_3 - 25	
CTO or use of He n 21		sow the deceased alive on a		ond that in (my) (our) opinion (death occurred on the do	te and hour and from the causes stated
5 W 4 , 6		obgve, (I) (we) (did) (did not	view the body ofter death.	DEGREE		224 DATE SIGNED
e hosp Ched Ched Dept		1100.1	Mi.	ATTENDING	MEDICAL _ STAF	
RA deta		1 really	/ Cul	PHYSICIAN [DIRECTOR PHYSICI	AN 🗌
TA See		224 PHYSICIAN'S NAME COPE OR	PRÍNTI	22R ADDRESS	2- 11	10
2 2 2 2	1	to the day	L.VETALE	1504 LEWI	S ST HAY	Re de GRACE, M
POR POR		TREDERICK L	~ OFFICEIVE	0 1	~ / / / / / / / / / / / / / / / / / / /	Ver a - Character
TO FUNERAL O should be detach with the State Di IMPORTANT: If	23a i	BURIAL CREMATION, REMOVAL	1236. DATE 123c N	IAME OF CEMETERY OR CREMATORY	123d. LOCATION	re et opere, i
	23a (SURIAL, CREMATION, REMOVAL		TAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
TO FUNE should be with the S		BURIAL CREMATION, REMOVAL		TAME OF CEMETERY OR CREMATORY	123d. LOCATION	Grace Holford

The treatest and the same was a state of the Color Charles and San Asia for 1 - 29th a flat



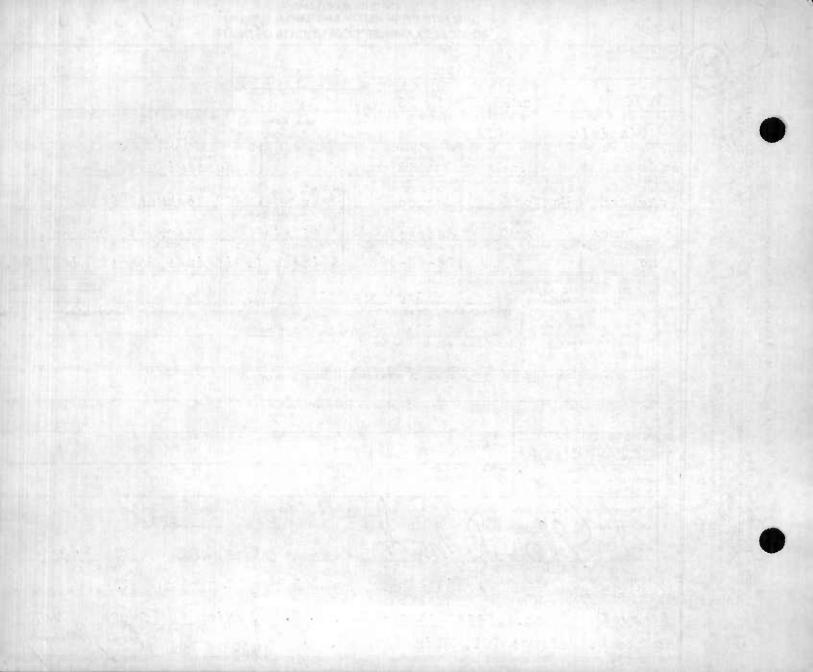
Section of the contract of the . The training market and the second of the The contain two in the first of the state of

/ 1		.00			377	PD A DT			AARYLAI								
] - :	FOR STATE * REGISTRAR					MENT OF I EXAMIN				4 4 5		0	7 0	3	8	
T	DE	EASED NAME	FIRST	145		MIDDLE		HA	LAST	-		DATE K	ESTI-	MONT		YEAR	2b. HOUR
- 1	SEX		RACE White	5. DAT	E OF BIRTH	19 15	6. AGE (IN YE)	ARS IF UN	DER 1 YR.	IF UNDER			ED	MONTH	DAY	980 YEAR	2d. HOUF
	FOI	THPLACE (STANEIGN COUNTRY)	A		U.S.	AT COUN		8. MARR WIDOW		VER MARRI	ED U	HAT	0 .	OR COU	NTY OF D		MD
1	B	El Air		15	DA I P	CHITY, GIVES	ENUE -	topt	ER INSTITU	TION	FORMO	SEW!	NG LIFE)	PE OF WOR	. OR	INDUSTR	
1	3a. S1	ATE Pryland	13b. COUN	YTY		13c. CITY	OR TOWN	ON)	13d INSIDE (ITY LIMITS?	13e. STREE	DALLAY	s Au	ENUE	- 20	r, 5A	
		THER'S NAME FIRST		WIDDIN	CM	PAR			C	ER'S MAIDE		7800	Pt		CElyE		
1	6a W	AS DECEASED S, NO, OR UNKNOW	EVER IN U.S. AR	MED FO	RCES?		32-75			W ISPACE			12 20	Mam i	MAME, -i	1 21.	A OLY
		Conditions gove rise cause (a) s	DEATH (Enter or TH WAS CAUSE IMMEDIA IMMEDIA Immediate tating the understating the Understa	D BY:	SE (a)	AS A CON	HSEQUENCE C	tic of		HOM3	of	Tolon	n		BETW	EEN ONSET	AND DEATH
	CERTIFICATION	19a. DATE OF C	PERATION		196 CONDIT	ION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?						TOPSY?	
	CAL CERTI	210. EXTERNAL UNDERLYING CONTRIBUTING			21b. TIME OF HOUR A.M. P.M.		DAY YEAR	21c. HG	YAULMI WC	OCCURRE) (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART I OR		s 🗆	NO X
	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK		21e PLACE C STREET, FACTO				CATION			CITY OR TOWN	٧	(OUNTY		STATE
		22a. I certify depith resulted ACTUAL SIGNATURE	that I tack charge from: Notu	ge of the	~	Accident		Autop	, Homi	PECIFY)	Undeter	Inquiry mined mon	ner .	nd in my DAT SIGH	epinian E	reh ly	1980
7		EXAMINER'S N (TYPE OR PRINT	ON, REMOVAL		P. Arm		MAME OF CEA			2404 6	123d, LOC		Rd; F	illsto	y, Md.	2104	7
ŀ	B	Lrial		Mar	ch 3, 98	80 B	El Kar Ma	ചാച്ച	1 Gards	515	13H	tion 4		Con, P			5145
	116	Rudays	Mirm to	STET	ADDRESS	Him !	marylan	(240	14	23MPATER	4	מט"ר"	7,007	7"	74	7	

the deal of a second of the se AT THE RESIDENCE OF THE PROPERTY OF THE PROPER And the second of the second o

The state of the s The Statist married Marriette 345 All the second of the second o LEAR EAST LINE THE COMMENTS IN MARKET

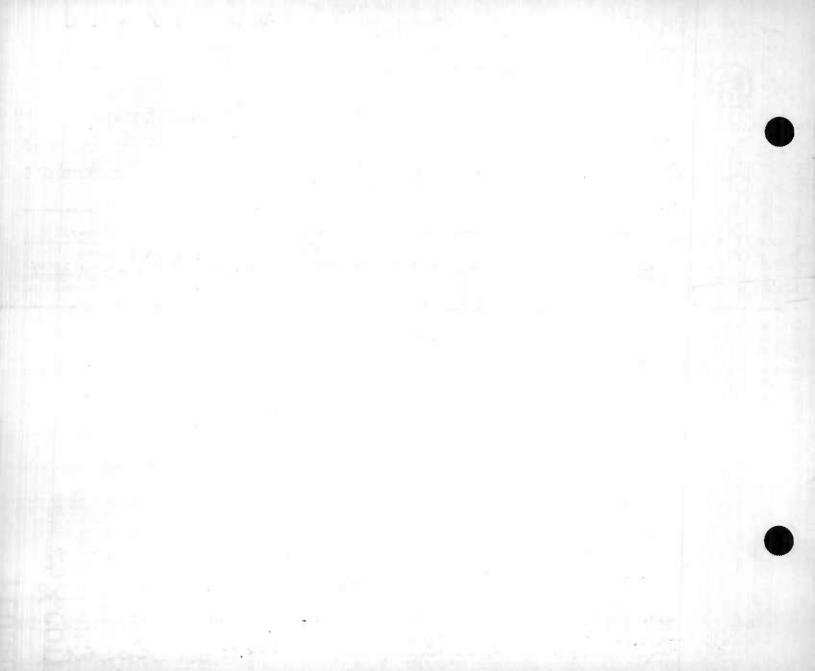
							FMARYLAN			034	edg .	.9	-	
		FOR STATE				ENT OF HEA		-	-	0	10	4	U	
		REGISTRAR		ME		XAMINER'		ATE OF	DEATH	REG			-29.)	
(mm)		CEASED NAME	FIRST		WIODLE		LAST		2a. DAT	E KNOWN	XX MONTH	DAY	YEAR	26. HOUR
MI)			Mary		Ann		Hollow	ay	DEA	TH MATED	3	1	19 80	M
83	3 SEX	4 RAC	CE S	DATE OF BIRTH	YEAR 6	AGE (IN YEARS I	ONTHS DAYS	IF UNDER 24		UNCED	MONTH	DAY	YEAR	10:28
]	Female V		ct.30.		38 YRS.	ONINS DATS	HOURS	DE	AD	3	1	1980	a M
00		RTHPLACE (STATE OR		CITIZEN OF W		RY? 8. M	ARRIED NEV	FR MARRIED	9 BALT	IMORE CIT	Y OR COUN	TY OF D	DEATH	
05	,,,	Virgini	ia	USA			OWED	DIVORCED		rford	County	V		MD.
30	10. CI	Y OR TOWN OF DE	ATH 11			ING HOME, OR	OTHER INSTITUT	ION 12	a. USUAL OC	CUPATION		126. KIN	ND OF BUI	
gh.	Fa.	Liston		Fallsto	n Gene	ral Hos	oital			sewif	e	-		
	USUA 13a. Si	L RESIDENCE (IF IN NI	INSING HOME OF O	THER INSTITUTION, C	13c. CITY C	EFORE ADMISSION)	1134 INSIDE CIT	ту пынсэ 112.	STREET ADI					
36		ruland	Harke	ond	Edge		YES Y		2002		1088	stno	oot	
		THER'S NAME					15. MOTHER	R'S MAIDEN N		MIDDLE			LAST	
10	100	James	-	r.e.d.	And	O H A	li.	llie		Easte	h		Lton	
T	16a. V	AS DECEASED EVER	R IN U.S. ARMEI	D FORCES?		AL SECURITY NO	17. INFORM	IANT		ADDR	ESS	Vus	1.011	7110
		5, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR	R OR DATES)	219-	40-5969	Shir.	ley L	. Bill.	ings.	Fores	st H	till	. Md.
		18 CAUSE OF DEA			e for (a), (b),	and (c).)			1300			AP	PPROXIMATE WEEN ONSET	INTERVAL
		PART I DEATH V	WAS CAUSED B		Pu	lmonary	embolus					BEIM	WEEN ON SET	ANDDEATH
į	-5	4538	IMMEDIATE			EQUENCE OF		11373						
CREMATION, OR REMOVA		Conditions, if		1	TI	iac vei	thromb	osis						
CEM		gave rise to couse (a) statin	ng the under-	DUE TO, OI		EQUENCE OF	2 0111 01110	0010						
,		lying couse lost	<u>t.</u>	(6)										
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS COM	TRIBUTING TO DEATH	H BUT NOT RELATE	O TO THE TERMINAL O	SEASE OR CONDITION	GIVEN IN PART 1	(a),					
	NO													
13	Ϋ́	19a. DATE OF OPER	RATION	196. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	MED?		3		20. A	AUTOPSY?	
1	F	217 F 160										1	YES TOT	NO 🗆
5	CERTIFICATION	210. EXTERNAL CAL		216. TIME C			c. HOW INJURY	OCCURRED (ENTER NATURE O	F INJURY IN ITEA	A 18 PART I OR P			
)		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		M. MONTH	DAY YEAR								
	MEDICAL	214 INJUIRY OCCUI	PPED	JH- PLACE	OF INJURY	(AT HOME. 21	LOCATION							
	Z	WHILE NOT	T WHILE	JOHN TAI	CTORY, FARM, ETC		ZIME		CITY OF	NWOT	CC	YINUO		STATE
		The second second	/	tota de la companya		Λ.	etopsy X,		7		45			
		22a. Learnify that	/	of the remains de	bed abov	_ //-		Inspection L	, Inqu		ond in my a	pinion		
		death resulted from	- Poppal	course All	Acarded	, bylcide	L., Homici		Undetermined	manner _				
		ACTUAL	100	Un-K	1 M	SIN	TITLE (SF		20		DATE	0	10/0	1
-		SIGNATURE	1	Marin	110	7	_A.D. Lebu	ty Chi	EMEDICAL EX	AMINER	SIGN	ED_3	3/2/80	
2		EXAMINER'S NAME	E The	omas D.	Smith	M.D	11	1 Penn	St.	Balto	MD			
OAL	73- P	(TYPE OR PRINT)				AME OF CEMETE			23d. LOCATIO		و للالا			
	(3	PECIFY)				eaver- B			Mario		Smut	-h	Vo	ATE
	24 F	UNERAL DIRECTOR						250. DATE REC				AIGNAT	An A	,
	Ho	ward K.	McCom	as III	, Abi	ngdon,	Md.	NA.	IAR 4	1980	proj	7/	MACH	7
76														



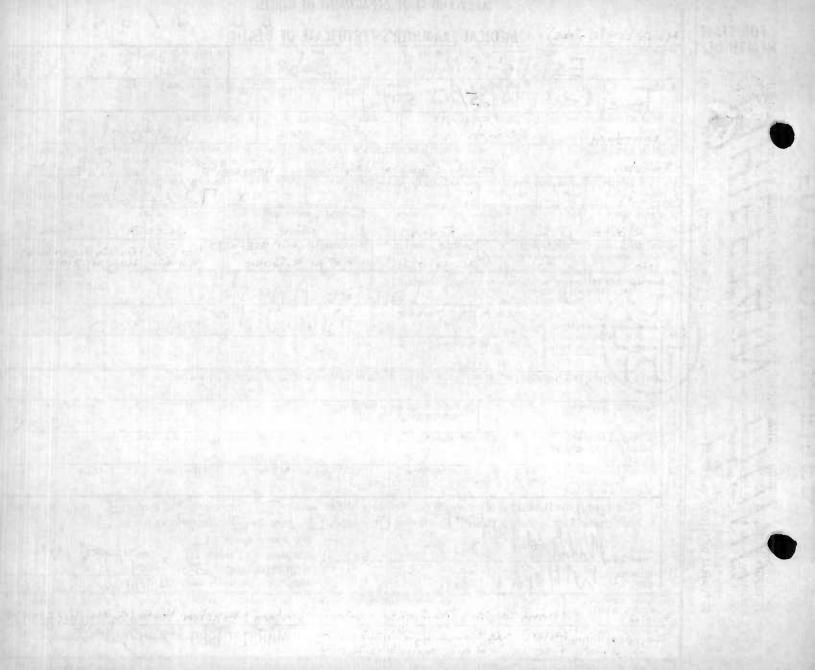
a diff report III

			STATE OF MARYLAND	
20		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 2
18		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	-
(88)		CEASED NAME FIRST		DAY YEAR 26 HOUR
/IAI		E OR PRINT)	OF ESTI-	2 00 1/0-
ET, ET,		Lillion	G. LIGENTITE DEATH MATED 3	1900 PM
RY, PLEA, DIRECTO, OUR FILES 72 HOURS	3 SEX	4. RACE	5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 26. HOUR
RE Z H		F (Shc)	MONTH 20AY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	
SARY, P AL DIRE YOUR N 72 H TON S	7 0			19 M
CESSARY, NERAL DIR	1/23	RTHALACE (STATE OR REIGN/COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
	TA:	Lo ma	WIDOWED & DIVORCED HARTORS	(O MD.
ZE SO	10. CI	LY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION, 120 USUAL OCCUPATION (TYPE OF WORK)	26. KIND OF BUSINESS
LIAY IS IN O THE PAGE E FILED.	14	DU YOU	(INOLIN SULH ACIVITY, GIVE STREET ADDRESS) FOR MOST OF WOODING LIFE)	ORINDUSTRA
DELAY N PAG 10 Th N PAG 10 S 30	1		TALLIVER WER HISpira House Neiper	AT Home
- ≻ \ ₹ ∃ % «) ~			OTHER INSTRUCTION, GIVE RESIDENCE BEFORE ADMISSION)	111 0
IF ANY DISTRICT SHOULD SHOULD RECORD	13a. S	TATE OF THE TOURS	13c. CITY OR TOWN Y 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS D Id PU	
SH SH SH		1.0		VIIV JI
O HIS SAN	14. FA	THER'S NAME	MIDDLE LAST C MOTHER'S MAIDEN NAME MIDDLE	LAST
A S S S S S S S S S S S S S S S S S S S		KASPOR	10.00	YMER
, BALTIMORE, MD. 2 URS AFTER DEATH. 1 8. GIVE PAGES 1, 2, 2 WITH FORM PM 3 C. PAGES 1 AND 2 S DIVISION OF WITAL	16a. V	VAS DECEASED EVER IN U.S. ARM		
A STAN NO	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE W		
BALTIMO IRS AFTE GIVE P. WITH FO PAGES		110	1213-07-30/7/ / FMIL) Nel	v/ca)
OURS 18. G 18. G 18. G 11. PA		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., 24 HOL ITEM 18 LONG PERMIT.		PART I DEATH WAS CAUSED	BY: (2×1, 2c HYYCS)	BETWEEN ONSET AND DEATH
PRESTON ST. VITHIN 24 HC CIL IN ITEM 1 NER ALONG ANSIT PERMIT AL HYGIENE,		IM GO IMMEDIATE	CAUSE (6)	
AL AL		0107	DUE TO, OR AS A CONSEQUENCE OF	
S S S S S S S S S S S S S S S S S S S		Conditions, if ony, which gove rise to immediate	(b) Hemorrage	
ED WITH		couse (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
DI W. PRESTON ST. TED WITHIN 24 HO PENCIL IN ITEM 1 XAMINER ALONG AL-TERNSIT PERMIT MENTAL HYGIENE, DR. REMOVAL.		lying couse last.	Gastro intesting bleeding	
36 CU 30			(()	<u> </u>
OF VITAL RECORDS, ATE SHOULD BE EXE E WORD "PENDING" THE CHIEF MEDICA ILD BE USED AS A B MENT OF HEATTH AN BURIAL, CREMATION		PART 2 OTNER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
F VITAL RECORDS TE SHOULD BE EXE WORD "PENDING" HE CHIEF MEDICA D BE USED AS A B SINT OF HEATTH AF URIAL, CREMATION	Z			
E A P A P E	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SHOULD ORD "PER CHEF A	Š		The content of the co	20. 40101311
OF VITAL ATE SHO WORD THE CHIL MENT OF BURIAL,				YES NO
EXECTED IN	1 👸	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	(2)
PECA OUL	1 3	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
SHOOT TO AR	Š	CONTRIBUTING CAUSE OF DE		
CERTIFICATE STEPE THE WASTING THE WASTING THE WASTING THE WASTING THE WASTING THE WASTING TO SURFICE TO SURFIC	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE D	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COULD	NTY STATE
DIVISIC THIS CERTI WARDED 1 PAGE 3 SH TATE DEPA	*	AT WORK AT WORK		
F × 9 12				
EXAMINER: CERTIFICATE, JLD BE FOR DIRECTOR: WITH THE S ARYLAND, 23		22a. I certify that I took charge	of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opi	nion
EXAMINER CERTIFICATI ULD BE FOI DIRECTOR: WITH THE LARYLAND, 2		death resulted from: / Noture	Couses Accident , Suicide , Hamicide , Undetermined manner ,	
EXAMI CERTIFILD BE DIRECT WITH		1,/11	1 Y) / A	26/0X
L EXAMINEI E CERTIFICA E CERTIFICA CL DIRECTOR H, WITH THE MARYLAND,		ACTUAL MANA	TITLE (SPECIFIC) DATE	5/7/80
EDICAL E	1	SIGNATURE	M.D. ADDI MEDICAL EXAMINER SIGNED	0/1/
OR SEA		EVALUE POR SILVE TOUR STATE OF THE STATE OF	110 A 110 D 20 1 110 D 1	-, M
MEDICAL I SCUTE THE SE 4 SHOU FUNERAL TER DEATH, LTIMORE, M		EXAMINER'S NAME	ADDRESS 2404 PICAS ENOVIRENDI, POLIS	10n 1. D
TO MEDICAL EXECUTE THE PAGE 4 SHG TO FUNERAL AFTER DEATH BALTIMORE,	23a B	JRIAD CREMATION, EMOVAL 23	DATE / 234 NAME OF CEMETERY OR CREMATORY 238 LOCATION	
	(5	PEGIFN	CITY OR TOWN	STATE
BP	-	PURIA		THE REAL PROPERTY.
DHMH - 17	24. FI	INERAL DIRECTOR	ADDRESS COMMANDERS SI	McCready
(VR A15 ME (5)) 30M 7/73		EVAND TUHERAL	Chapel 8800 HARTORD R MAR 13 1980	
30M ///3	_		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

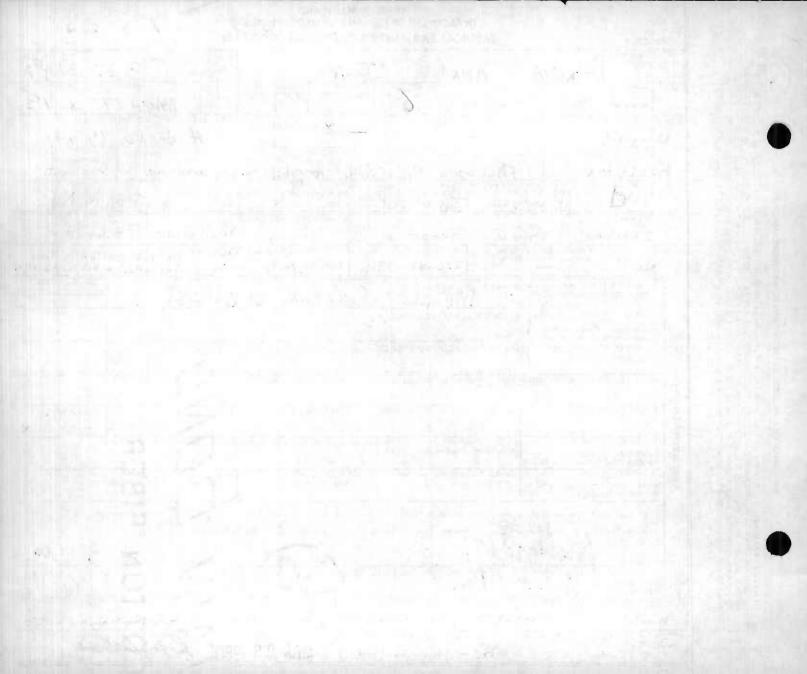
-10		1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. NO	7 6 4 3
4 may be		3 SEX		4 RACE	5. DATE	H DAY YEAR	2R DATE OF DEATH A MARCH	MONTHS DAYS HOURS MIN
hours after death. Page of in by the funeral different after the filed within 72 hours state angified at once	70	Ne BIE	THE LACE (STATE OR FOREIGN UNITER) Y OR TOWN OF DEATH URCA CARROL LRESIDENCE (# NURSING HOME ON LATE 133 COUNTAINS	R OTHER INSTITUTION, GIVE RESIDENCE BE	MARRIE WIDOW SING HOME REET ADDRESSI ORIAL FORE ADMISSION	D NEVER MARRIED D	9 BALTIMORE CITY OF HAR FOR CITY OF USUAL OCCUPATION (INTE OF WORK FOR MOST OF HOUSE FOR THE PROPERTY FOR THE PROPERTY OF THE	County MD. 125 KIND OF BUSINESS OR
E, MARYLAND Cuted within 24 I completely filled I and 2 should I and 2 should			THER'S NAME FIRST AS DECEASED EVER IN U.S. AR	MODIE HOPPE	75	YES NO NO NA PRIST NA	ME MIDDLE	Richardson
LTIMORE, be execution and colors. Pages if	1	(Y	ES, NO OR UNKNOWN] IIF YES, GIV	THE WAR OR DATES! 212-74 The property of the	-7852	Mrs. Felicia I.	314	Hickory Auzone Hir Maryland 21014 APPROXIMATE INTERVAL BEINGEN ONSE! AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours contending physician and completely filled in by as the burial-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filled in and Mential Hygene prior to burial, cremation, or removal.		NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	MMI	cleration NOT RELATED TO THE TERM	Caroliou LINAL DISEASE OR COND	asallar d.
N OF VITAL RECOR	2	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			N WAS PERFORMED	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO (IN ITEM 10, PART 1 OR PART 2)
DIVISION OF ON CONTROL OF CONTROL OT CONTROL OF CON	7	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that (1) (this hasp		CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	N COUNTY STATE
HOSPITAL CATTEN med by the hospital FUNERAL DIRECTOR. Und be detached of the wine Store Dept of the ORTANT: if hem 21 is	4		sow the deceased alive on	at) view the body after death.	- 1	DEGREE ATTENDING	MEDICAL STAFF	te and hour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Stole MAPORTANT:	!	23a. B		236. DATE 7.		HAURE CE EMETERY OR CREMATORY METH. Ch. CENT.	123d. LOCATION BELATER	Artonicounty STATE Artonico, Marylnon 21014
DHMH-16 20A	A P		NERAL DIRECTOR			MS Sty 250 DAT		56. REGISTRAR'S SIGNATURE



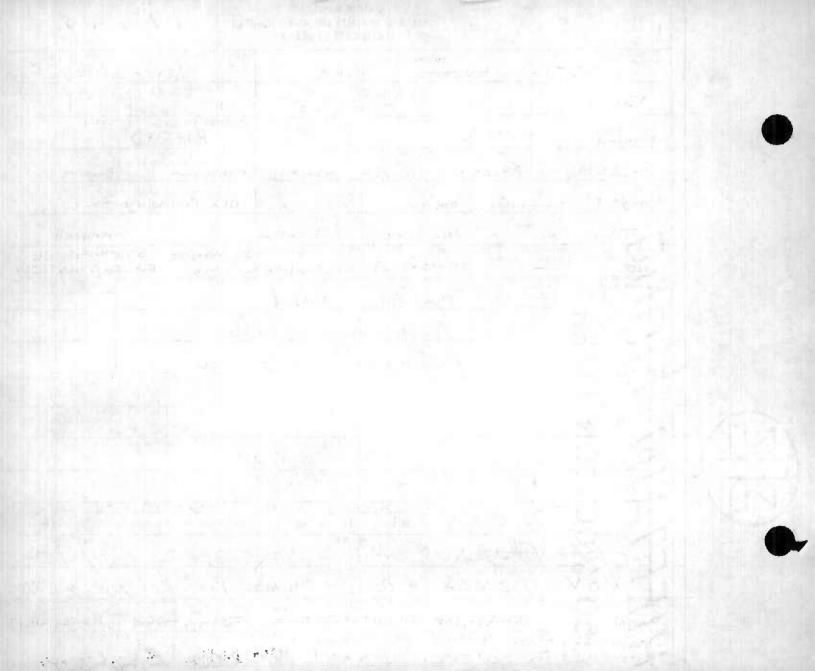
1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	K.	HONGE ESTELLE JOHE) MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 4
HEALTH DEPT.	_	, manifest of destination of destina	V Tot House
of ge		Type or Print) Tobe Lost OF ESTI- DEATH MATED TO DEATH MA	Yeor 2b. HOUR
delay is and 3 to Page	3. 5		Yeor 2d. HOUR
1 N 25	70. (OU	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? **MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 120 MISSIAL OCCUPATION (15 por in borough 120 MISSIAL OCCUPATION)	Mc
Md. 21 r death ve Poge g with f	10.	The Mark of Hos take of Hos ta	2b. KIND OF BUSINESS OR NOUSTRY
P P D C to	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136-CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER) TOWN THE TOWN 13b. COUNTY OF TOWN TEST NO IN THE TOWN TOWN TO THE TOWN	ountinbean Al
BALTIMORE 24 hours of the 18. 's Office old	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
8 4 c 2 (2-1)	160	CIPHTON L. FOARD DIVE LUCTETIA LUCTETIA LUCTETIA LUCTETIA LUCTETIA LUCTETIA LUCTETIA	Burk
STREET, BALTIM I within 24 hour n pencil in Item Examiner's Office File pages and		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dates of service) 213-26-0931 17. INFORMANT(Husbows) 838-4390 Too South Fourth	1AND 21014
RESTON SI executed v inding in I Medical Ex permit, Fil		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
SX X SX G+	À	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF MYD COYOLO TO THE TYPE TO THE CONDITION OF T	5
	ŕ	rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
RECORDS, 3 entificate shr writing the varieded to to seed os a bur oval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY? YES \(\square\) NO \(\sqrtare\)
F # E &	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	
MEDICAL EXAMINER: The leose execute the certificon director. Page 4 should be stoined for your files. DIRECTOR: Page 3 should be to buried, cremotion of the puried.	ME	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
MEDICAL EXAM bleose execute th director. Page 4 etoined for your DIRECTOR: Page r to burial, crem		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry ,	ond in my opinion
MEDICAL E leose exect director. Pa estoined for DIRECTOR: Ir		death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner	
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SI	GNEED ON
- 9 C . W	0	EXAMINER'S NAME (Type) WILLOW P. AMOSJ DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) 240	adult by 5/40
TO DEF necess the fu 5 moy TO FUN Heolth		D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Chapter)	County) (State)
	24	surial infred 20 (180 Trovidence Methodish Cemetery Laliston Harbord Co. 1	Mary land 21047
VR A15ME (5) 10M - 1/69	-	FUNERAL DIRECTOR BY REGISTED W. Broadway & W. Mianne St. 2MARED BY REGISTED 250 ATTENDARS ST. DATE DATE	Recressly
	-		



					STATE OF MARYLAND				
1			FOR		ENT OF HEALTH AND MENTAL		0 7 5	4 5	
12	17	(3)	REGISTRAR		XAMINER'S CERTIFICATE	OF DEATH	REG. NO.		
1	1		CEASED NAME OF FIRST	WIDDLE	LAST	20. DATE K	NOWN MONT	H DAY YEAR	2b, HOUF
PA/	ET 85 !S			IA ANN	JONES	OF DEATH	MATED 3	27100) 1"A,
120	FILE	3 SEX	1. RACE		AGE (IN YEARS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR	R 2d HOU
-	SARY, AL DIRE YOUR I N 72 HG TON ST		Emole (Oli C	- 4- 43 -	3 YRS. MONTHS DAYS HOURS	MIN PRONOUN DEAD	MARCH	27 1980	1/3
	SSA AL ALIN HIN SSTO	70. 81	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNT		9. BALTIMO	ORE CITY OR COU		7/ 1
	NECESSARY, FERENCE ALL DIRECTOR FILES 5. FOR YOUR FILES WITHIN 72 HOUR W. PRESTON STREE!		VIATA LANC	U-S. A.	WIDOWED DIVOR		ARFORD	CNIN	ty
	7 E n . 3 -		TY OR TOWN OF DEATH		ING HOME, OR OTHER INSTITUTION	12a. USUAL OCCUP.	ATION (TYPE OF WOR	K 126. KIND OF	BUSINESS
		1	FALLSTON	FALLS TON	GENERAL HOSPITA	Supply TEC	MICIAN	U.S. G	
	- SB	USUA	L RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	11 supply les	. 1	V V	7
1201	F ANY DE 3 TE ANY DE SHOULD B CORD	13a. S	ATE 136 COUN	A COLOR OF THE PERSON OF THE P	Atomic III	13e. STREET ADDRES	Tratat	X office	h.
. 21	3. SH	14 F4	THER'S NAME	4 10 10 17 1911.	15. MOTHER'S MAIL	1	78164-	SALLA	- 0
WD	S 1, 2, 2 PM 3 PM 3 VD 2 S		ISAdore	Thomas Gre	ST FIRST	. MI	DIE	BURKEH	
RE,	0 8 8 60 D	160 V	AS DECEASED EVER IN U.S. AR		L SECURITY NO. 17. INFORMANT VA	F 1/631-100	ADDRESS		
¥		(Y		WAR OR DATES)	40-7911 ma Doyle	1836-6800	1451 JA	mettsville	
ALT	URS A B. GWITH WITH DIVISI					KI SOMES	JARREHSV		
T.	18. 18. WIT. I		 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI 	ly ane cause per line far (a), (b), o	- AND INC. A	of Real	et	BETWEEN ON	ATE INTERVAL
TS NO	IN 24 HOUI N ITEM 18. ALONG W IT PERMIT. HYGIENE, D AL.			TE CAUSE (o)	ZIGUE CALCINOMOS	01011-	12/		
PRESTON	HYG AL		1771	DUE TO, OR AS A CONS	EQUENCE OF				
PR	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVA		Canditions, if any, which gave rise to immediate	(b)				-	
3	JED WITH N PENCIL I EXAMINER HAL-TRANS MENTAL H		cause (a) stating the <u>under</u> - lying cause last,	DUE TO, OR AS A CONSI	EQUENCE OF				
301	= 000		7,000	(c)					
DIVISION OF VITAL RECORDS, 301	2011		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	PART 1 (a).			
Ö	MEDIN MEDIN AS A ALTH	N N							
8	C C C C	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED?			20. AUTOPS	Y?
I	SEE SEE	- Ĕ						YES 🗆	NO 🗷
FV	ATE SH E WORL THE CH LD BE U AENT O BURIAL	1	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURE	RED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	
N	THE THE TOTAL		UNDERLYING OR	HOUR A.M. MONTH I	PAY YEAR				
ISIC	F () + > =	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	(AT HOME, 211. LOCATION			•	
2	WARDED WARDED PAGE 3 S TATE DEF	Ž	WHILE NOT WHILE C	STREET, FACTORY, FARM, ETC.	STREET	CITY OR TOW	N	COUNTY	STATE
	R: THIS OF WRITE, WRITE OF WARD STATE								
			22a. I certify that I took charg	e af the remains described above	, held on Autopsy , Inspecti	Inquir	and in my	apinian	
-	ECT IN THE		death resulted fram. Naty	a causes Commission L	, Suicide , Hamicide ,	Undetermined man	nner,	1	
	L EXAMINE E CERTIFICA DULD BE FO L DIRECTOR H, WITH THE MARYLAND		ACTUAL 1/1/1/	MANI VIAMA	TITLE (BPECIEX)	0	D 47	2/27	1/80
	CAL EXA THE CER SHOULD RAL DIR	1	SIGNATURE	WYW I VYMO	M.D. 1580 10	MEDICAL EXAMI	NER SIG		100
	MEDIC CUTE 1 SE 4 S FUNER ER DE/		EXAMINER'S NAME	Trad & Amoss	2111	DIL MOSCON	dvilla hi	FINA	My
	101 (2)		(TYPE OR PRINT)	1910 1111000	ADDRESS	1. 1. (039)	MAILLE KI	1 9/12/10	り」「側」
	PAG PAG	- (5	JRIAL, CREMATION, REMOVAL 2	3b. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	236 LOCATION	CC CC	YINU	STATE
	BP		Burial	March 29, 1980 BA	phist View Church Com.	Forest Hill	, Harbord Co.	Maryland "	21050
	DHMH - 17	24_E	INERAL DIRECTOR Am Tost	ADDRESS »	q & Williams Sto 250. DATE	E REC'D. BY REGISTRAF	250 REGISTRAR	SIGNATURE	
	(VR A15 ME (5)) 30M 7/73		- Josephande Fralie	Bel Air M	anylowd 21014 MAR	2 8 1980	marry 1	morred	



3. SE Jo B C C V V V V V V V V V V V V V V V V V	IRTHPLACE ISTATE OR FOREIGN OUNTRY) FAUSTO MACHINE MACHINE ALLSTON AL RESIDENCE (IF NURSING HO STATE ITAL ATHER'S NAME FIRST FIRST FIRST WAS DECEASED EVER IN U. (IF YE NO 18 CAUSE OF DEATH IEIN PART I. DEATH WAS C.	1. RACE 1. RACE 1. RACE 1. NAME OF 1. NAME OF A COUNTY A COU	F WHAT COUNTRY? A) F HOSPITAL, NURSING UCHFACILITY, GIVE STREET S TON GIVE RESIDENCE BEFORE 1)3c CITY OR, TOWN BELL TOWN 16b. SOCIAL SECUR 217 - 16 - 3	S DATE OF BIR MONTH MONTH 8 MARRIED WIDOWED G HOME OR OTH DDRESS ADMISSION) 13d II YES 15 M	NEVER MARRIED DIVORCED HER INSTITUTION HOSPITAL INSIDE CITY LIMITS? S NO MACHER'S MAIDEN NAME OF THE SECOND NAME OF THE SECO	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN BOOK KECKET 130 STREET ADDRESS 1112 COHOW!	H 10, 1980 /234 AM IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN DITY OF DEATH D IZB. KIND OF BUSINESS OR INDUSTRY BRANCE NO
Jo B C C C C C C C C C C C C C C C C C C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) FALLS TO A AL RESIDENCE (IF NURSING HE STATE ALTER'S NAME FIRST FIRST WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IEM PART I. DEATH WAS C. CONDITIONS, IF ONY, which	MINDLE S. ARMED FORCES? ES, GIVE WAR OR DATES) THE COUNTY MIDDLE S. ARMED FORCES? ES, GIVE WAR OR DATES) THE COUNTY ON COUNTY MIDDLE S. ES, GIVE WAR OR DATES)	F WHAT COUNTRY? A) F HOSPITAL, NURSING UCHFACILITY, GIVE STREET S TON GIVE RESIDENCE BEFORE 1)3c CITY OR, TOWN BELL TOWN 16b. SOCIAL SECUR 217 - 16 - 3	MONTH MARRIED WIDOWED S GHOME OR OTH BY HOME OR OTH WIDOWED S HOME OR OTH HOME OR OTH YES 15 M TYPES 17 M TYPES 17 M TYPES	NEVER MARRIED DINORCED DINORCE	PARFOR 120 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORK) 130 STREET ADDRESS 1112 CONOW!! ME MIDDLE	MONTHS DAYS HOURS MIN RS INTY OF DEATH D MD IZE. KIND OF BUSINESS OR INDUSTRY BANKING NGO ROAD CATTOPOST THE STATE OF THE STA
10 C 13 C 13 C 14 F	ALLSTON ALRESIDENCE (IF NURSING HO STATE ATHER'S NAME FORD WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Ent) PART I. DEATH WAS C. COnditions, if ony, which	OME OR OTHER INSTITUTION COUNTY MIDDLE S. ARMED FORCES? ES, GIVE WAR OR DATES? ES, GIVE WAR OR DATES! SHEET ONLY ONE COUSE PER AUSED BY: EDIATE CAUSE (0)	HOSPITAL, NURSING UCHFACULTY, GIVE STREET AS TO HOSE STREET AS TO HOSPITAL SECURITY OR, TOWN BELL THE STREET AS TOWN BELL THE	WIDOWED S G HOME OR OTH DDRESS NERAL ADMISSION) 13d II YES 15 M 17 NO. 17 IN 729	DIVORCED HER INSTITUTION HOSPITAL INSIDE CITY LIMITS? S NO MANDEN NA PIRST PIRST NFORMANDOUSH NFORMANDOUSH NFORMANDOUSH NES, Charlotte	HAR FOR 120 USUAL OCCUPATION 1179E OF WORK FOR MOST OF WORKIN BOOK KEEPER 1112 CONOW; 19 ME MIDDLE	NG LIFE) 128. KIND OF BUSINESS OR INDUSTRY BRAKENO NGO ROAD CATTAPEST II 3330 NOTH Shields TELLINGS, Clorado 80524
USU 13a. N	ALLSTON AL RESIDENCE (IF NURSING HE STATE ATHER'S NAME FIRST O'N WAS DECEASED EVER IN U. WAS DECEASED EVER IN U. WAS DECEASED EVER IN U. IN O 18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. Conditions, if ony, which	OME OR OTHER INSTITUTION COUNTY AT GOTAL COV MIDDLE S. ARMED FORCES? ES, GIVE WAR OR DATES! OTHER ONLY ON THE COUNTY OTHER OF THE COUNTY AT GOTAL COUNTY A	UCH FACILITY, GIVE SIRRET A SHOW OF THE STORY IN GIVE RESIDENCE BEFORE 136 CITY OR, TOWN BELL NOT 16b SOCIAL SECUR 27-16-3 er line for (0), 1b1, and	DDRESS) NERAL ADMISSION) 13d II YES 15 M	HOSPITAL INSIDE CITY LIMITS? S NO R MOTHER'S MAIDEN NA FIRST NFORMANDOMENTAL NFORMAND	130 STREET ADDRESS 1112 CONOW!	NGO ROAD CAMPET INDUSTRY NGO ROAD CAMPET II 3320 North Shields AGILING, Colombo 80524
14 F.	ATHER'S NAME FIRST ONN WAS DECEASED EVER IN U. VES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Ent) PART I. DEATH WAS C. IMMI	MIDDLE S. ARMED FORCES? ES, GIVE WAR OR DATES) Other only one couse per AUSED BY: EDIATE CAUSE (a)	136 SOCIAL SECUR 217-16-3 er line for (o), (b), and	13d II YES 15 M	NO MAIDEN NAIDEN NAIDEN NAIDEN NAIDEN NAIDEN NAIDEN NAIDEN NAIDEN NECKS. Charlotte	ME MIDDLE	CAMPBE 11 3320 North Shields of Gilling, Colonado 80524
16a \	PRST NAS DECEASED EVER IN U. YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMMI	S. ARMED FORCES? ES, GIVE WAR OR DATES) ther only one couse pe AUSED BY: EDIATE CAUSE (a)	16b SOCIAL SECUR 217-16-3	729 M	BERTHA NFORMANDOUSHA)	MIDDLE -303-484-30BRESS	3320 North Shields at Gillins, Colorado 80524
160 \	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMMI	es, Give war or Dates) ther only one couse pe AUSED BY: EDIATE CAUSE (0)	217-16-3 er fine for (o), (b), and	729 M	rs, Charlotte		+ Gillins, Colorado 80524
A. P. S.	4/5/ Conditions, if any, which	EDIATE CAUSE (0)	er line for (o), (b), and	iac	assent		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, C			vouces		
		ch (tr)	DR AS A PONSEQUE	water	4 San	line	
	cause (0), stating the underlying cause los	he DUE 10, C	OR ASSECUTED OF	many	emb	plisin	
NOI	PART 2. OTHER SIGNIFICA					INAL DISEASE OR CONDITION	
CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH C	1 1		YES NO NO IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
	(IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A		Y YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, FA	RM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased aliv	ve on MM	K. 9 10 8	O ond that	t in (my) (ur) opinion o	death occurred on the date and	hour and from the causes stated
î	Blin	Cleyr	70	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/10/80
	22d. PHYSICIAN'S NAME (1	TYPE OR PRINT!	ZA,M			DRE PIKE BEI	LAIR hd. 2101
22- 5	SPECIFY)		2, 1980 Fall	ston Melli	whist cho Com.		ord Co., Maryland STATE
P			To any	e Williams	25a. DATI	E REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE
	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE. (IF EITHER, NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 226. I certify that (I) this saw the deceased oil obove. (I) The Third (I) of 22b. SIGNATURE 22d. PHYSICIAN'S NAME (SPECIFY)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22o. I certify that I have pital attended to sow the deceased alive an above. (I) The Tried (I did not) view the body obove. (I did not) v	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (This heapital) attended the deceosed from obove. (I) The Dudy (Id not) view the body ofter death. 220. I SIGNATURE 221d. INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFICE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) this hoopital) attended the decosed from sow the deceased olive on above. (I) the body (I) did not) view the body ofter death. 22b. SIGNATURE 22c. PHYSICIAN'S NAME (TYPE OR PRINT) 22c. PHYSICIAN'S NAME (TYPE OR PRINT) 23c. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMET FallStan Made	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. P.M. 19 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK 22a. I certify that (I) this hoopital) attended the deceosed from sow the deceosed olive on obove. (I) the field (I did not) view the body ofter death. 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) DUTIAL 23c. NAME OF CEMETERY OR CREMATORY NAME (1 23b. DATE (SPECIFY) DUTIAL 23c. NAME OF CEMETERY OR CREMATORY NAME (1 23b. DATE (SPECIFY) DUTIAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY (INT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. Certify that (In this houghtal) attended the deceased from sow the deceased alive on obove. (In the India) (Idid not) view the body ofter death. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 27d. DATE 23d. LOCATION 27d. NAME OF CEMETERY OR CREMATORY 27d. DATE 27d. NAME OF CEMETERY OR CREMATORY 27d. LOCATION CITY OR TOWN 27d. DATE 27d. DATE 27d. NAME OF CEMETERY OR CREMATORY 27d. LOCATION CITY OR TOWN 27d. DATE 27d. D

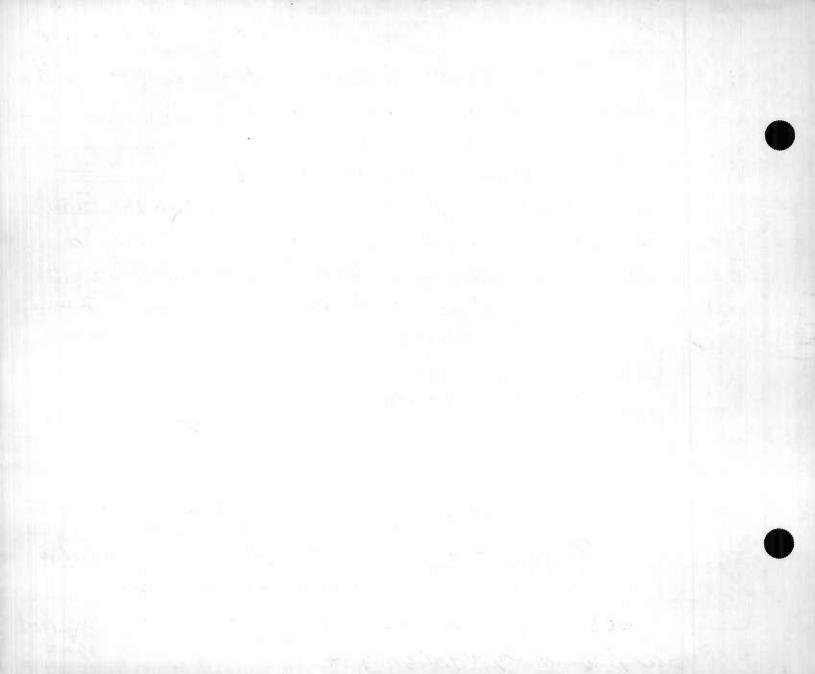


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



(VRA 15.4) 1/79

STATE OF MARYLAND

SP 2 V I To be Depticemin SHAPA THE STATE OF THE STATE OF THE SHAPE OF THE STATE OF

To STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	SAIE REGISTORE REGINAL REGIN			1m G542 4/15/80	18 & 22a dad	STATE OF MARYLAND T OF HEALTH AND MENT	AL HYGIENE ()	/ A A
Rose Rose State Rose Ros	Rose Rose Marce Date of Birth Date of						ECEDEATH	0 4 4
SEK MACE SOUTH ON THAN SUSTEINED TRY FUNDER 1 YR FUNDER 2 HRS R. DATE MACH MACE	SER RACE DATE of BIRTH ADDITION STATE A			E OR PRINT)	2		OF ESTI-	
Security	18. BRITHPIACE (STATE OF POPERATION 18. CHIZEN OF WHAT COUNTRY) 1. MARRIED NEVER MARRIED 1. BRITHMORE CITY OR COUNTY OF BEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 18. USUAL OCCUPATION (TITO OF WORK 17. NOTHING TO WORK 18. NOTHING OF BUSINESS OR INDUSTRY) 18. NOTHING OF BUSINESS OR INDUSTRY 18. NOTHING STATE 18. NOTH				5. DATE OF BIRTH 6. AC	T BIRTHDAY MONTHS DAYS HOU	RS MIN. PRONOUNCED	ONTH DAY YEAR 24. HOUR
It NAME OF NOSPITAL NURSING HOME OR OTHER INSTITUTION The USUAL DOCUMENTOR HOME OF BUSINESS OR INDUSTRY	IN AUSE OF DEATH IN AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITS UNID. OF BUSINESS ITS EXTERNAL CAUSE BY ITS OF MALE CONTROL IN ITS OF MALE	5	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY) 1		8. MARRIED ANEVER N	AARRIED -	OUNTY OF DEATH
USUAL RESIDENCE PRINCESON GOOD OF CHER POSTULATION, GIVE RESOURCE EFORE ADMASSINGLY STATE INC. IN	USUAL RESIDENCE; IF IN INSTANCE INCOME IS ATTHERS NAME INCOME IS ADDRESS IS ANOTHER SANDEN NAME INCOME	2	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF FORMOST OF WORKING LIFE)	WORK 126. KIND OF BUSINESS
16. MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. ATTENDATE CAUSE (a) ATTENDATE CAUSE (b) ATTENDATE CAUSE (c) AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY? YES (C) NO 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12. AUTOPSY?	14. FATHER'S NAME PREST ADDRESS ADDRES	3	130. S	TATE 135 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) DWN 134. INSIDE (ITY LIM		in ROAD
ITEL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. APPROXIMATE INTERVAL NATIONAL PROPERTY	Tempor of Units of Part Continues Tempor of Continues Temp	0	14. F/	ATHER'S NAME FIRST Clear hus	MIDDLE LAST	15. MOTHER'S	AIDEN NAME MIDDLE	LAST
PART I DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which	PART DEATH WAS CAUSED BY: MAREDIATE CAUSE (a) Arteriosclerotic cardiovascular disease	/	160. V (Y	ESNO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			sta Dr. Spa. mo
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 10 NO	19a Date of Operation 19b Condition for which operation was performed? 20 autopsy? Yes			PART I DEATH WAS CAUSEI Conditions, if any, which gave rise to immediate cause (a) stating the under-	DBY: TE CAUSE (o) Arterios DUE TO, OR AS A CONSEQU (b) (b)	clerotic cardi	ovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
YES NO 10 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	YES NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		NOI					
AT WORK AT WORK 22e. I certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural couses Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNED 3/10/80	AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my apinian death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER SIGNED 3/10/80 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street		TIFICAL	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED?		
ACTUAL SIGNATURE Liven Land Land Land Land Land Land Land Lan	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE CALIFORM CORPERINT CORPERINT	3	CAL CER			YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
276. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE	226. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion death resulted fram: Notural causes Accident , Suicide , Hamicide , Undetermined monner , ACTUAL SIGNATURE		MEDI	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			CITY OR TOWN	COUNTY STATE
ACTUAL SIGNATURE WAR DOLON NO M.D. Assistant MEDICAL EXAMINER SIGNED 3/10/80	ACTUAL SIGNATURE LINGUIGA Z John AND Assistant MEDICAL EXAMINER SIGNED 3/10/80 EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street			22a. I certify that I took charg	ix -	Suicide . Homicide	Undetermined monner .	my apinian
	ADDRESS	7		SIGNATURE	ia L Dolan 1	M.D. Assist	ant MEDICAL EXAMINER	SIGNED
Boris 3-12-80 Holly Hill Baltonian Manyloral))	24 F	WAREL E CUE 4	12 ADDRESS A SOC	- Ana 250.	MARC'9 BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

FOR

(VRA 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Extract Track to the Same BONKE A SCREEK COTIZENS WILLIAMS HOME STOCKES TO SERVER TO PERFORM DECLES IN THE PERFORMANCE OF THE PERFORM The state of the s THE PROPERTY OF THE PROPERTY O

56		1	FOR STATE REGISTRAR	DEPA	STATE OF MA RTMENT OF HEALTH A CERTIFICATE (ND MENTAL HYG	IENB O O	7651	
	. (. DECEASED NAME FIRST	VIOLA DOLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOL	March .
			MAYBE				MARCH 4	- 1100 /	AM
			FEMALE	(A) hite	5. DATE OF BIRTH	YEAR OT	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	MONTHS DAYS HOURS	MIN.
			a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY	76 CITIZEN OF WHAT COUNT	MARRIED NE		9 BALTIMORE CITY OR COUNTY		/
	the state of the s		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINE	ESS OR
120	hours of in by the	04	JSUAL RESIDENCE (IF NURSING HOME	FALLS TON		HOSPITAL	Housewife	Homemal	KEL
AND 2	n 24 ho filled nould b	35	Maryland Ha	rond Co. Torest	OWN YES T		CATIO THINITER	Drive	
MARYLAND 2120	completely completely cond 2 sl		FATHER'S NAME WILL AVE	MIDDLE HULE	#	HER'S MAIDEN NA!	WIDDLE	LAST	(3)
BALTIMORE,	IMORE, se execut n and co . Pages 1		60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)		DRMAKAMINISTE ROBERT C. K	FAFT FOREST HIS	wick brive	550
RECORDS, 201 W. PRESTON ST.,	e low requires that the death certifications been signed by the attending physispermit. Then please remove corban popule prior to buriol, cremotion, or remove we any injury, or other traumatic event, "	2	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost	DUE TO, OR AS A CONSE (b) Use Do Conse DUE TO, OR AS A CONSE (c) Multiple	OUENCE OF LALOM & State OUENCE OF LA PULMENT TO DEATH BUT NOT REL PLEATED & 6	dry EMD ATED TO THE TERM MULT SUL	INAL DISEASE OR CONDITION G 200 AUTOPSY? IN CERT	atty 2 2 us	to coles
DIVISION OF VITAL	SICIAN: The Ing physicion. certificate hos mol-tronsit pe entol Hygiene Item 18 shows	64	OR CONTRIBUTING CAUCE OF O	EATH HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18		
VISION	G PHYSI offending er this ce s the buri and Mei		OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOC	CATION	CITY OR TOWN	COUNTY S	STATE
	to RATTENDIN the hospitol or LDIRECTOR. Aft toched for use o EDEpt. of Heolit If Item 21 is mon			pitol) bitepded the deceosed from 314 (2.32) (2.32) (2.32) (2.32) (2.32) (2.32) (2.32) (2.32) (2.32)			, to 3 9 death occurred on the date and hi MEDICAL STAFF DIRECTOR PHYSICIAN	pur ond from the couses str	toted
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detocwith the Stote D MPDRTANT: If	1		Levine	27e AD	DRESS ACLSTOR	Joeneral (tospita c	,
	BP		BURIAL, CREMATION, REMOVA	1236. DATE March 5, 1980	BE for MEMOR	OR CREMATORY	23d. LOCATION CITY OR TOWN THE HATCOM	COUNTY ST.	ATE
	DHMH - 16 50M 1/76 (VR A 15 (4))		FUNERAL DIRECTOR VIEW	Ster W. Broaden	MANJANA 2101	250 DATI	R 5 1980		4

KAWAH E HAWAM		ATRAM -	S YAKI
Anna grane			I make to the
	- Defaller	SE Val : 1981	A STANS

Friedly 10 and 10 may 20 may 1 to were the second and the second of the sec

W. Brondway & Williams St. MADATE RECD.

BET Arm MARY LAND 21014

FOR

- STATE

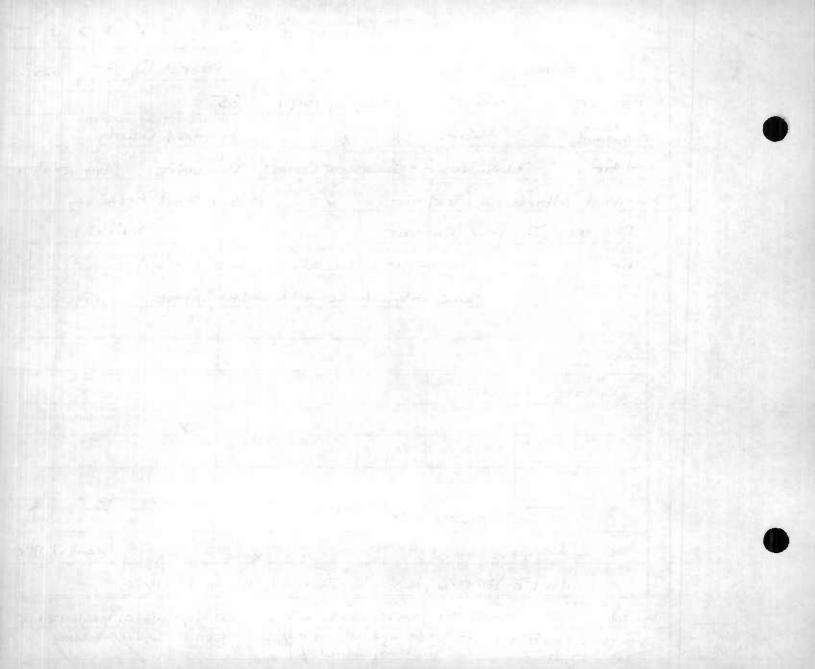
FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4)) William Foster

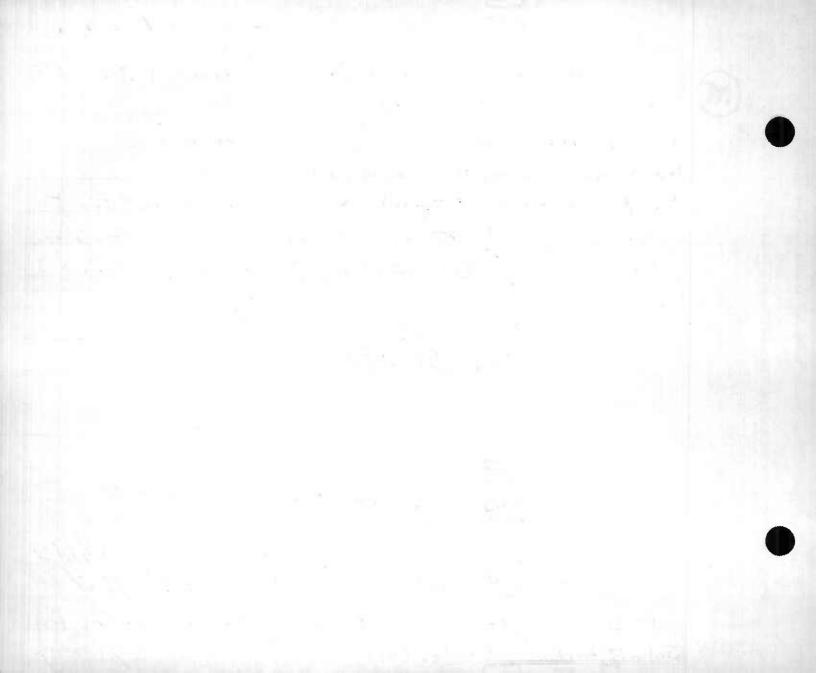
willy for

STATE OF MARYLAND

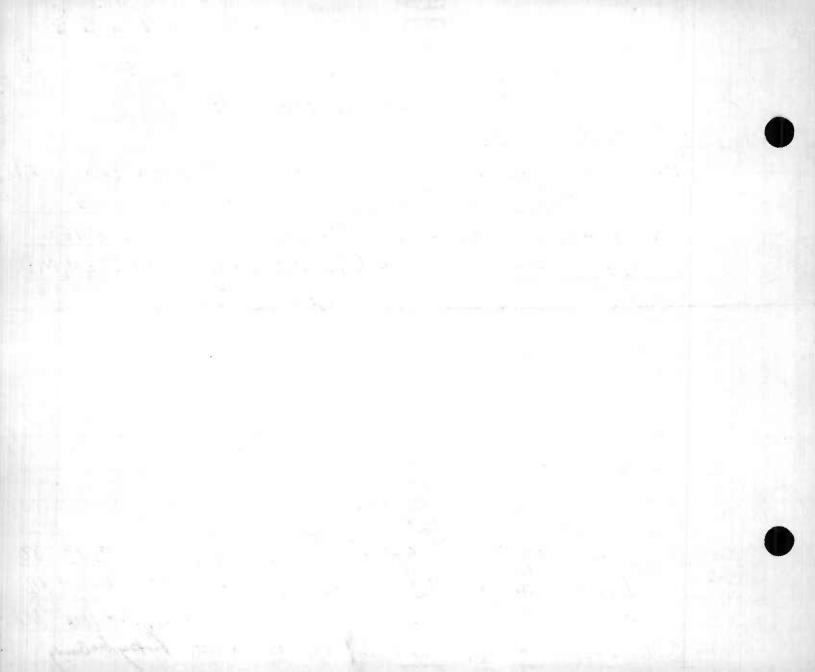
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



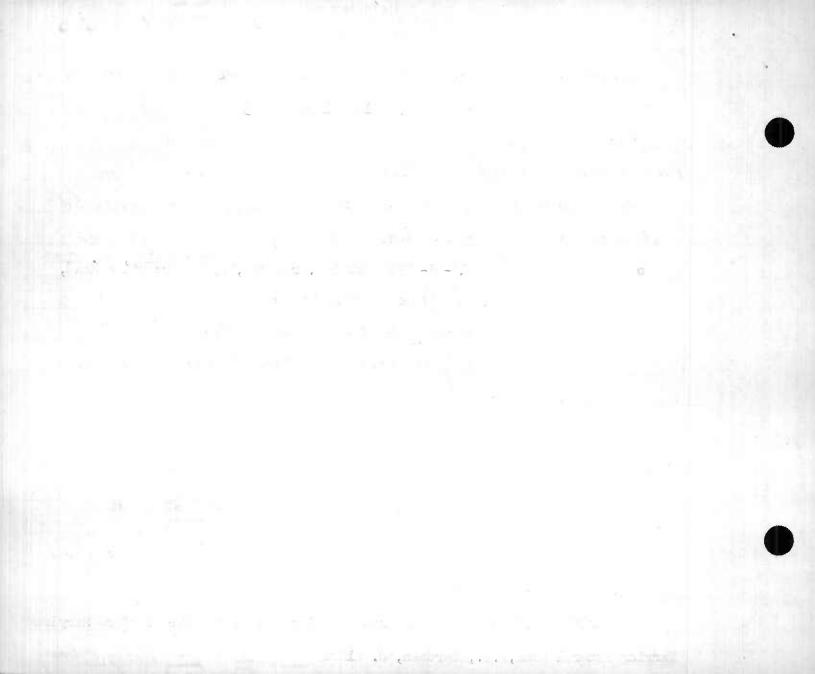
DIVISION OF VIT



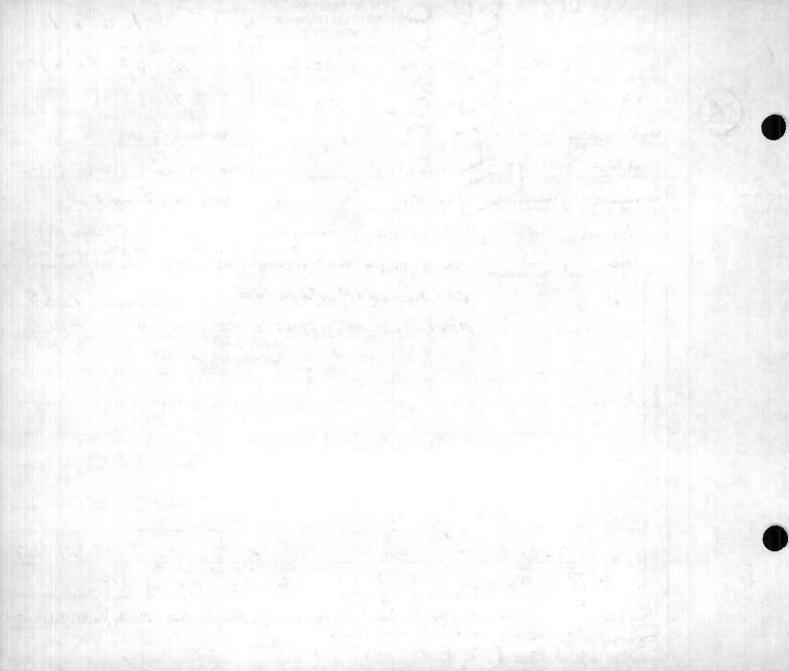
		FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	Н	0 7 6 5 5 G. NO.
be oge 3 death		PECEASED NAME FIRST PECE OR PRINTS		Me WHITE	26 DATE OF DEAT	3- 13-80 1:04 M
ge 4 moy meter, pog	3	SEX	A RACE B	S. DATE OF BIRTH ANOTH DAY AUG. 11	1915 64	ST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
Post Part Part Part Part Part Part Part Par	7	BIRTHPLACE STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARR	IED U	TY OR COUNTY OF DEATH AD.
s offer o	6	GITY OR TOWN OF DEATH	LIF NOT IN SUCHEACILITY GIVE STRE			PATION OST DE WORKING LIFE DIAN DOARDOF E
filled in laurable family	E	o. STATE 1 / 136, CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	WN , 134 INSIDE CITY LI	92. //	ALLEY ROAD
completely and 2 sh	2	FATHER'S NAME WILLIAM	MODIE MC WASH	15 MOTHER'S MAI	2 A	JONES
on and co	1"	(YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 160 SOCIAL SEC NE WAR OR DATES) 250 /6	2474 OLA	MC WHITE	-ABERDEEN, MI
ng physicie ban paper: removal.		PART I. DEATH WAS CAU	only one couse per line for (a), (b), (SED BY: ATE CAUSE (a)	Pulmo Al	ary Em	Galisse
endi not		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		
that the der I by the otti case remave 51, crematia		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF		
equires the signed I Then pleo to buriol			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(0)
The law re cian. The has been sst permit 1 giene prior	9	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
Physical Price of the Physical			HOUR A.M. MONTH	DAY YEAR		FINJURY IN ITEM 18, PART 1 OR PART 2)
d d f b b	7		21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	19 211 LOCATION STREET	CITY O	ORTOWN COUNTY STATE
ENDIN fol or OR. Afr r use of Health		AI WORK — AI WORK	pitol) ottended the deceased from	(P . m)	SO to 3-	he date and hour and from the causes stated
the hasping to DIRECTION of the Dept. of them 2		obove, (I) (we) (did did	not) view the body ofter death.	DEGREE	IDING / MEDICAL	STAFF 276. DATE SIGNED
by ERA ERA Stot	7	22d. PHYSICIAN'S NAME (TYP)	ORPRINTING A 1 11	PHYS 220 ADDRESS	ICIAN DIRECTOR PH	MYSICIAN DISTORAL MILES
TO HOSI retained TO FUN should be with the	23	BURIAL, CREMATION, REMOV	1 23b. DATE 23b.	NAME OF CEMETERY OR CREM	ATORY 234 LOCATION	Durdy 1. ASTATONA
BP	24	Burial EUNERAL DIRECTION D	mar, 18-80	Mr. (alvary	25a DATE REC'D. BY REGIST	allew Harfork, M
DHMH-16 20M {VRA 15, 4} 7/7		Telia J. O.	ellock, Havie	de Drocey Md.	MAR 2 1 198	1 may rolling



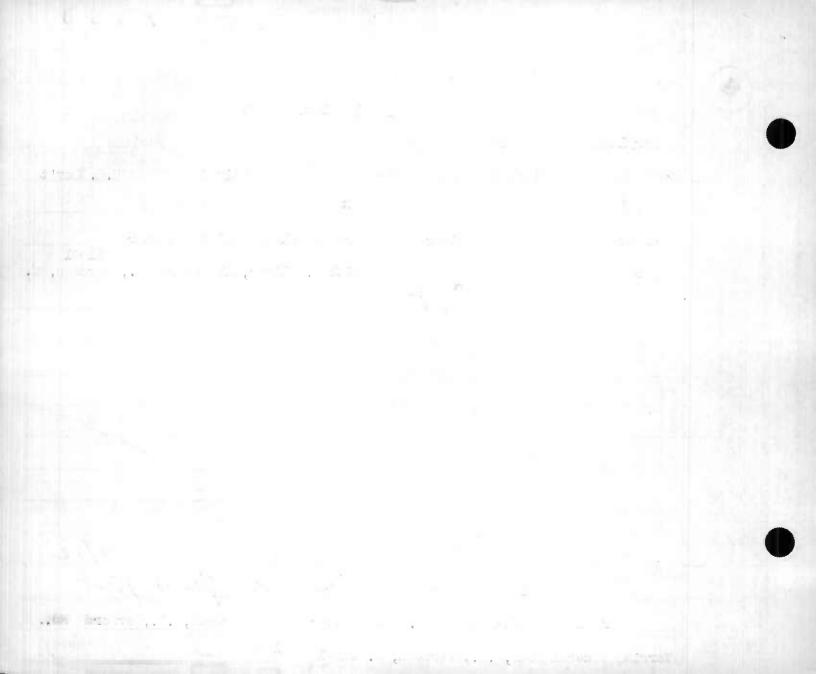
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O O	1056
4 may be rr, page 3 fter death	1. DE	CEASED NAME FIRST OR PRINT)	MAH	Nartowitz	MARCH 5	HA 1980 5 A M
Page 4 mo	3 SE	Female	White	5 DATE OF BIRTH MONTH DAY 1896		MONTHS DAYS HOURS MIN
ot on 72	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	TE CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	HARFORD	MD.
s offer by the iled will	HA	TY OR TOWN OF DEATH PURE de Grace AL RESIDENCE (IF NURSING HOME OR	HAPT TO CO	Mem. Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	12b KIND OF BUSINESS OR INDUSTRY Home
nin 24 h ly filled shauld b	130. S	TAJE 131 COUN	A SITY OR TO	WN 134. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA		schrille Rd
omplete			AED FORCES? 166 SOCIAL SE	nhad MARC	ADDRESS	Baken
e be execution and control of the medical	t,	ES, NO OR UNKNOWN) {# YES, GIVE	219-07	-4750 Mabel B.Brug	Churchy	ille Md. 21028 chville Road,
th certificate banding physiciar carbonpapers.		IN CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (0) Card	inc Jailen	e	BETWEEN ONSET AND DEATH
s that the death certificate dd by the attending physici lease remave carbonpapei rial, cremation, ar remaval or ather traumatic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECULA	cardial Un	fundin	6
ined y, o		underlying couse lost.	() [M]	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	Katt deser
been si mit The prior to any inju	CATION	190 DATE OF OPERATION	mill	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
2000	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		YES NO NO RED (ENTER NATURE OF INJURY IN ITE	CERTIFYING CAUSES OF DEATH? YES NO MIN. PART 1 OR PART 2)
HYSICI/ ading p nis certif burial-i I Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTHY MEDICAL EXAMINER) 216 IN JURY OCCURRED	HOUR A.M. MONTH P.M. 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIR	19 211 LOCATION	CITY OR FOWN	COUNTY STATE
DING or att After se as tl marke	2	WHILE AT WORK AT WORK 220 I certify that (I) (this haspit	ol) attended the deceased from	2 - 26 19 80	10_ 3 - 5-	, that (I) (we) lost
e hasp DIREC ached to Dept f fem		sow the deceased alive an above, (I) (we) (did) (did not		DEGREE		d hour and from the causes stated
by the by the ERAL ERAL of details Store ANT: 1		174 PHYSICIAN'S NAME (TYPE OR	PRINT)	22R ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [3/3/80
TO HOS retained TO FUN Should be with the IMPORT	23a B	Lrvin Wach	30 AN MD	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	(Burial	0 10 10 00 0	loly Trinity Episcop	al Churchville	Harford Maryland
DHMH-16 20M (VRA 15, 4) 7/7B		INERAL DIRECTOR NAME Tring Funeral H	ADDRESS Iome P.A. Aberd		TE REC'D. BY REGISTRAR 256. RI	firtry McCready



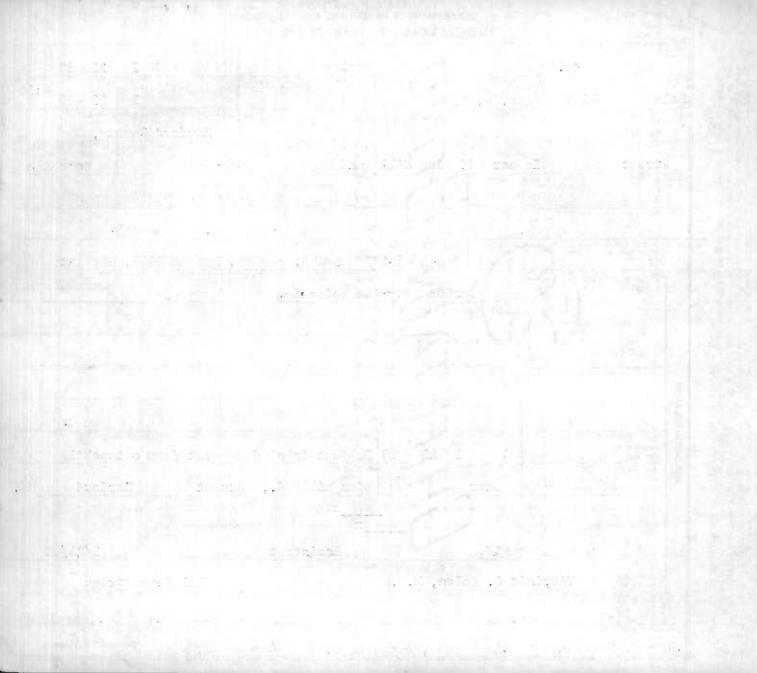
	1	FOR 1 - STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	GIENE ()	0 7 6	5 7
l		REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LIAN	FICATE OF DEATH ODELL	REG. N	MONTH DAY Y	ZEAR 25 HOUR 30 70 70 70 70 70 70 70 70 70 70 70 70 70
to pode	3	SEX	1 RACE Lohite		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	12,00
	70	BIRTHPLACE STATE OFFICEIGN COUNTRY CINTE VALLEY North CATCLINA	76 CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY C	_	
rs office of the fundamental confiled		BELLET	11. NAME OF HOSPIT	AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b K	CIND OF BUSINESS OF
in 24 hou y filled in hould be	35		JNTY 13c CI	TY OR TOWN	13d INSIDE CITY LIMITS? YES NO		1 Pump R	ond
ompletely 1 and 2 sl	20			chardson	JENNIE	MIDDLE		humate
be execution and c	1	NO -	IVE WAR OR DATES)	CIAL SECURITY NO.	Dr. Clarence		oy Bel Air	
rertificate ng physic bonpape removal.		PART I. DEATH WAS CAUS	ATE CAUSE (0) CA	RDIO-RE.	SP FAILU			PPROXIMATE INTERVAL TWEEN ONSET AND DEATH
e deoth ce e ottendin move corb notion, or troumotic		Conditions, if any, which gave rise to immediate			MEPRSTATIO	e CARCINE	OMA	5YKS
es that the death c ned by the attendin please remove cort ural, cremation, or or other troumation,		couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	101	CONSEQUENCE OF	C.S. Commission	ROAT		77775
been sign been sign mit Then prior to bi		190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		OR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE F	FINDINGS USED
The locion. te hos risit per giene shows	2	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJUI	RY	21c. HOW INJURY OCCUI	YES NO	IN CERTIFYING CA	NO 🗌
SICIA: ng ph certifi viol-tr lentol	91:	OR CONTRIBUTING CAUSE OF D	HOUR A.M. M	ONTH DAY YEAR 19		(ENTER PRIORE OF 1170)	THE TEM TO, PART TORPA	(K1 2)
DING PHY or ottendi After this ie os the bu olth and M morked or		(IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	AN CORN.	TY STATE
TTEN pitol TOR: for us of He		220.1 certify that (I) (thus has sow the deceased alive a above, (I) (was (did) (did)	29 PEB	19. <u>80</u> , o	nd that in (my) (our) opinion	, to 21 MP		. 11101 (1) (
TTAL OR A Sy the host by the host because detached state Dept.		22b. SIGNATURE	Much	mi	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 3	121 180
TO HOSPITAL of retained by the TO FUNERAL Established be detoo with the Store Elements of the			DWELL	MD	1352.	AIR. MD	21014	
BP		BURIAL, CREMATION, REMOVA	March 24, 19		EMETERY OR CREMATORY WATERS METLICHIG		Antellsville, Ha	FCG INC 21081
DHMH - 16 60M 1/75 (VR A 15 (4))	24	FUNERAL DIRECTOR	oster WiBr	ADDRESS MARIEN	MIAMS ST. 250 DA	TE REC'D. BY REGISTRAR		GNATURE



			1 -	FOR STATE REGISTRAR		DEPARTME	NT OF HE	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO) 7	0 5	8
	25,			CEASED NAME FIRST	MIDDLE		A L	ST	20 DATE OF DEATH	MONTH DA	Y YEAR	N. HOUR
2			line	Howar	rd Glenn		Olive	RSR	n	wich 12	2 1980	10 Pm
106	4		3. SE		4 RAÇE		DATE O	F BIRTH	6. AGE (IN YEARS LAST ORT	HDAY) IF	FUNDER I YEAR	# UNDER 24 HRS
* 1	1 J			Male	white	- 1	MONTH	DAY YEAR	77		ONTHS DAYS	HOURS MIN
o o	- 6 d		7a. BI		76 CITIZEN OF WHAT CO	DUNTRY?	1 3	7 1903	BALTIMORE CITY O	R COUNTY C	OF DEATH	
ı.	\$ 2.T	25	C	DUNTRY)	HCM			M NEVER MARRIED		1(. /		
-0	五年 神	-0	10 C	Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		WIDOWED		12a USUAL OCCUPATI	Har	DAC KIND OF	MD. BUSINESS OR
ofter	by the led will notified	1	11.	1. 0	(IF NOT IN SUCH FACILITY,		DRESS		(TYPE OF WORK FOR MOST O		INDUSTRY	
ors o	- A	pup	14	ire de Grace	Harford Met	lorial	14056	2	Retired		U.S.	Gov! t
n 24 ho	ould b	5	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ITY 13c CITY	ortown)	134. INSIDE CITY LIMITS? YES 🌠 NO 🗌	130. STREET ADDRESS	N Rd		
th.	d 2 sh	-	14. FA	THER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
b	d o	2)		James		ver		Mary Magdale		tumoner		
ecut	Poges 1			VAS DECEASED EVER IN U.S. AR	WED FORCES? 166 SOC	IAL SECURI	ITY NO	17 INFORMANT	ADDRE	SS	210	07
ě	Poges medica		(No	220-	. 22-04	45.3	Edith V. Oli	ver 112 Osh	orn Rd.		
te b	pers.			18 CAUSE OF DEATH (Enter an			0.			74.44		ATE INTERVAL
ifico	physic pop moval			PART I. DEATH WAS CAUSED	D BY:	1/1					- CONTRACTOR	JET AND DEATH
Cert	rborn r re			MMEDIAI	E CAUSE (o)	V / 1						
toth	e co			Conditions, if any, which	DUE TO, OR AS A CO	ONSEQUEN	ICE OF					
e de	by the attendin ase remave corb I, cremotian, ar ather traumatic			gove rise to immediate	(b)							
ot th	se re crer			couse (a), stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUEN	ICE OF					
s ‡	o i o			DARK DOVING CONTROL ON TO	(c)	70.00	A VIII BAAY	10 v 051 4 v 05 v 05 v 10 v 10 v 10 v 10 v 10 v 10				
requires that the death certificate be	Then pleating to the state of t			PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DE	AIH BUIT	NOT RELATED TO THE TERM	IINAL DISEASE OR CON			
3	prior any ii		CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FO	R WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDING	SS USED OF DEATH?
The Ton.	te has sit per giene shows	7	RTIF						YES NO	YES		NO 🗆
Z	DOT 00	0	E C	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MO		YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PAR	T 1 OR PART 2)	
S P	burial-tr Mental	7	₹ V	OR CONTRIBUTING CAUSE OF DEA	P.M.		19					
ndin	6	. //	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR (AT HOME, STREET, FACTO	BY OFFICE FAR	M EIC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
Offe	After the os the other of the one		2	AT WORK AT WORK	(AT MONE, STREET, METO	KI, OITICE, I AK	m, e1c.,					31612
Q ö	Af Af Se o			22a.1 certify that/(1) (this haspit		ed from	thorn	Ary 14 1980	. to Mare	2 19	80 , th	at (I) (we) last
TTEP	for of H			saw the deceased alive on above, (I) (we) (did) (did not	March 12	19 80	, one	d that in (my) (our) opinion	death accurred on the de	ate and haur o	and from the co	iuses stated
hos	DIREC oched Dept H Hem			22h SIGNATURE			D	DEGREE	/		22c DATE SI	IGNED
the ch	et o			tostan	>Vhi	1	7	ATTENDING PHYSICIAN	MEDICAL STAI	F AND	3/12/1	20
PIT A	FUNERAL old be detended the Stote	2	١,	724 PHYSICIAN'S NAME (TYPE OF	PRINTY TO	-	-	22e ADDRESS	1 A	IA. T.	. /	
O HOSPITAL etained by 1	should be det with the Store	1		TJOUN	Dyu	N		Hane	de gre	uf,	Mel	
F 2			23e. 8	URTAL, CREMATION, REMOVAL	73b DATE			METER OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
BP				Burial	3/15/80	St.	Pauls	s Lutheran	Aberdeen,			Md.
DI	HMH-16 20A	4	24 Ft	INERAL DIRECTOR	A	DDRESS		25a. DAT		25b. REGISTR	AR'S SICHIATU	ready
(VR	A 15, 4) 7/							AR 18 1980	7 1			
		1										



1-	FOR STATE REGISTRAR		MI	DEPARTMEDICAL E	MENT OF	HEALTH		ENTAL			REG.	VO /	765	9
	CEASED NAM	NE FIRST		WIDDLE		Dom	1ev			20. DATE OF	KNOWN ESTI-	MONTH		I I I I OOK
3. SE	X	14. RACE	5. DATE OF BIRTH	4	6 AGE (IN YE			TIE LINIDE	R 24 HRS.	2c. DATE		х 3	23 19 80 DAY YE	
	1e	White	MONTH DAY	YEAR	LAST BIRTHDA	MONTH	S DAYS	HOURS	MIN.	PRONOUN	NCED	3	23 19 80	8:30
70. B	IRTHPLACE (STATE OR	Mar. 6	VHAT COUNT		9			(5)			_	TY OF DEATH	D P M
FO	Maryla Maryl	_	U.S.	Α.	S. Tab	WIDOW	ED NE	VER MAR DIVOR		На	rfor	d Cou	ntv.	
ID. C	ITY OR TOWN		II. NAME OF HO	SPITAL NUR	SING HOME	OR OTH	ER INSTITU		12a. US	JAL OCCU	PATION (T	YPE OF WORK	126 KIND OF OR INDU	BUSINESS
	Street		In car				d		IV.	MOST OF WOR	Lic		Autom	
130. 5	al Residence State Marylar	13b. COUN	or other institution, of the ford	13c. CITY C			13d INSIDE (CITY LIMITS? No X	13e. STR	eet addre 7 Gri	er Nu	ırser	y Road	
14. F	ATHER'S NAM	E	WIDDLE	L/	AST		15. MOTH	FIRST	DEN NAME	N	IDDLE		LAST	
		Ned	L.	Remley		1110	13 11 10 00	Audr	еу	Μ,		chmi	tt	
160.	res, no, or unkn	D EVER IN U.S. AF	MED FORCES? WAR OR DATES)		AL SECURITY		17. INFOR				ADDRES			
	No				68-54	19	Ned	L. R	emley	, For	est F	lill,	Maryla	
	18 CAUSE O	OF DEATH (Enter at EATH WAS CAUSE	nly ane cause per lir	carbon			D - !						BETWEEN ON	ATE INTERVAL
		ins, if ony, which		OR AS A CONS	SEQUENCE (OF .						VK,		
) stating the under		R AS A CONS	SEQUENCE C	OF .								
NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATE	ED TO THE TERM	NAL OISEASE	OR CONDITIO	IN GIVEN IN P	PART 1 (a),					
MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPS	SY?						
RTIF	AL EVIEDAL	AL CAUSE WAS	21b. TIME C	25 414		1							YES 🔀	NO 🗆
IL CE	UNDERLYING	G DOR	HOUR A.	M. MONTH I	DAY YEAR					NATURE OF IN				
DICA	CONTRIBUT	OCCURRED			23 19 80	J Sub		inha	red e	xhaus	t fro	m aut	tomobil	2
ME	WHILE			CTORY, FARM, ETC		SI	n Mil	ll Rd	. S	city or to		Ha	arford	STATE Md.
	22a. I cert	ify that I taak char	ge af the remains de	escribed abav	e, held on	Autaps		Inspecti		Inquiry		and in my a		
	death result	ted from: Natu	ral causes .	Accident [, Sui	cide X		cide .	Undet	ermined mo	onner _	,		
	ACTUAL	11	200				TITLE (S	PECIFY)						100
	SIGNATURE	Jugar	a Frole	Ker		M.	D. Assi	stan	tMED	ICAL EXAM	AINER	DATE	3/24	/80
1	EXAMINER'S (TYPE OR PRI	NAME Vir	ginia L.	Dolan,	M.D.	/	ADDRESS_				11 Pe	nn St	reet	
23a.8	SPECIFY)	TION, REMOVAL			AME OF CEA					ORTOWN			JNTY	STATE
24 5	Buri	lal	Mar. 27.1	980 Be	l Air	Memor	cial (Gdns	Be:	lAir	Har	ford	Co. Mar	yland
	NAME		ADDRES	SS	D. 7.	-		230. DATE	AD :				y Mely	rools
J	onn H.	narkins,	600 Main	street	, Delt	a, Pen	na.	- 1	MULIN Y	7 19	Ψ	, , , , ,		

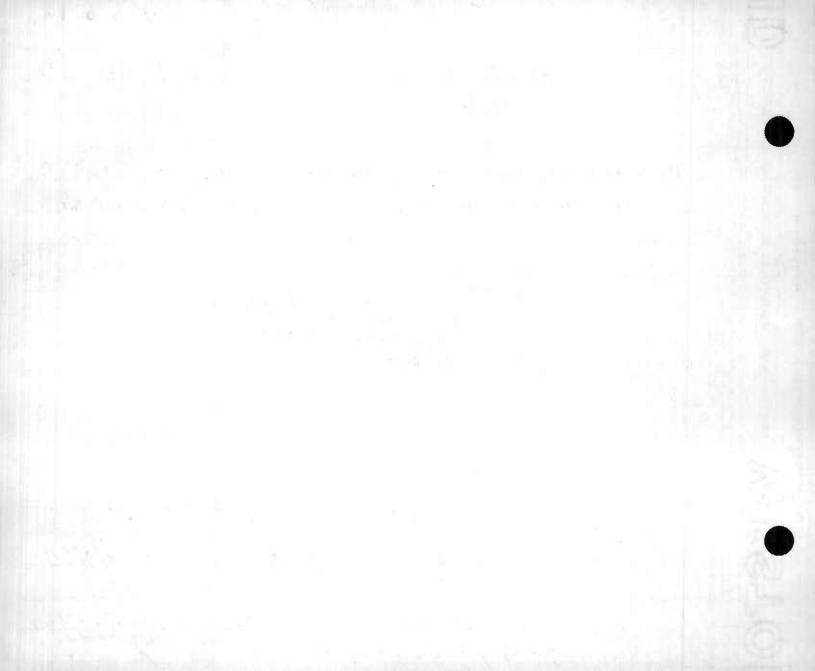


4		1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 0 7	660)
	MA	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	: EXECUTE:)	3411)	SAMUE	L THOMAS	RILEY	3	2 80	10:30A
		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	S of s		MIE	WHITE	MONTH DAY YEAR	8 1 YR		HOURS MIN.
	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU		
	death		MDUSTLAND	USA	WIDOWED DIVORCED	HAL	SEOUS CO	MD.
6	by the fune filed within	HA	VRE DE GRACE	(IF NOT IN SUCH FACILITY, GIVE STR		CARPENTER	CONST	RUCTION
ND 212	tely filled in 2 should be liner must be	ÚSÚ/ 13a. S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BE INTY 130 CITY OR TO HARFORD BELAT	WN 1134 INSJDE CITY LIMIT	S? IS STREET ADDRESS AV	Hickory Au	EVAE
YLA	within within within	14 FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN	ANDOLE	3 1 1145	1
MAR	par out			drew Kiley	Emm	i Pc	BECKIE	4
W. PRESTON ST., BALTIMORE, MARYLAND 2120	Poges medica	16a V (Y	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? 166. SOCIAL SE VE WAR OR DAYES) 212–12		H. R?ley 2933 Poce Monkton	Wardson 3	
T., BALT	physica physica mayal.		PART I. DEATH WAS CAUS	anly one couse per time for (a), (b), ED BY: ATE CAUSE (a)	11.0	ensation	The second second	MATE INTERVAL OMSET AND DEATH
STONS	ding arr		Conditions, if any, which	DUE TO, OR AS A CONSEC	K	U.D.	3	jeas.
	y the se rem cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		0	
DIVISION OF VITAL RECORDS, 301	signed hen ple a buria jury, ar	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	DEATH BUT NOT RELAKED TO THE	TERMINAL DISEASE OR CONDITION	GHEN IN BART IL	-
RECOR	mit.	CERTIFICATION	1% DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CE	YES, WERE FINDIN	OF-BEATH?
ITAL	sician. The lost in the lost in the lost per lo	ER	210. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	Tale HOW INTURY OF	CURRED (ENTER NATURE OF INJURY IN ITEM	19 BART 1 (OR BART 2)	NO 🗆
JF V	phy phy of the o		OR CONTRIBUTING CAUSE OF DE	FATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATIONS OF INJOKY IN TIEM	IB, PART I OR PART 2)	
NO	ding ding sis ce sis ce was well and sis ce are well as the six field six fi	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION			-
INISI	ther the and and sed	W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	E_FARM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
۵			22a.1 certify that (I) (this has	out of ended the declared from	Africk 8 197	Q 16 March 2	_ 1980 .	that (1) (we) last
	Pit pit	130	saw the deceased alive a	n March 2 19	and that in (my) (our) opi	inion death occurred on the date and	hour and from the	couses stated
	OR ATTEN te hospital DIRECTOR: sched for us Dept. of He		226. SIGNALHIRE	101	DEGREE		27c DATE	SYLNEY /
			Luga	of hooms	M.D. ATTENDIN	MEDICAL STAFF AN DIRECTOR PHYSICIAN	3/	2/80
	FO HOSPITAL etained by the TO FUNERAL should be determined with the State with th		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADORESS	DE COLOR	1.01	21030
	The shape of the s	220 0	URIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATO	DRY 1230 LOCATION	ma.	10/0
		0	OURIAL, CREMATION, REMOVA SPECIFY)	2	PATKWOOD CEMETER	CITY OR TOWN	COUNTY	STATE
	MH-16 60M 1/73		INERAL DIRECTOR	oster W. Broadwa	Ay a coulliams sto MSP	PATE REC'D 1986 STRAN		LIRE
	VR A 15 (4))		Justinosi that	WE HIL	Manyled 31014			/

the property of the second sec Verdest - Verdes

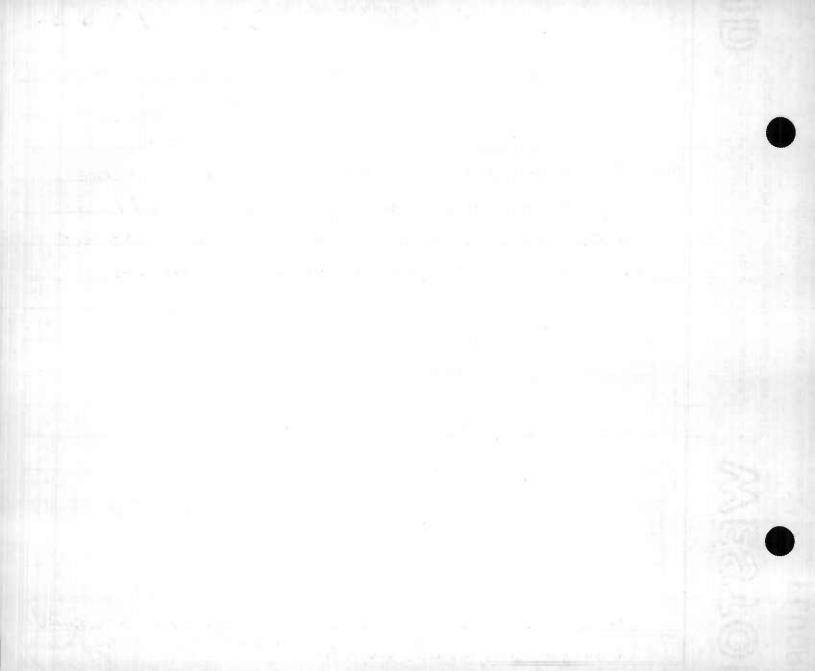
STATE OF MARYLAND

FOR



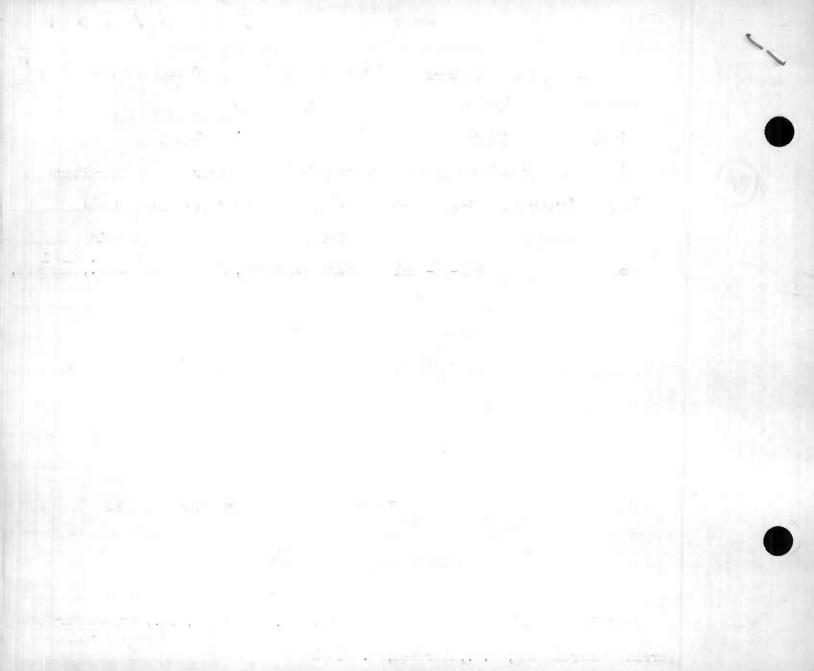
STATE OF MARYLAND

FOR



THE DIE VIEW OF THE PARTY OF THE PARTY OF BANK BANK BANK BERNAL BERNAL BANK BANK BANK BANK BANK BANK 2 // of the second with the second se

STATE OF MARYLAND



- STATE

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20. DATE OF DEATH MONTH DAY 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY PUNDER I YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH HARFORD 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEUTER 13e. STREET ADDRESS 2000 LEVEL MIDDLE LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO I

CITY OR TOWN COUNTY STATE

DATEGIGNED

DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERAL DIRECTOR

Religion Miles and State of the Control of the State of the Control of the Contro The second of th TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL S. ATTENDING PHYSICIAN: The retained by the hospital or offending physician.

14		1 -	STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIEND U ,	000
1-0			CEASED NAME FRST	ECK STEIN	LAST		DAY YEAR 26, HOUR
75		(TYPE	ORPRINT	ECKSIEIN	Taylor	march 1	1980 1145
Ain		3 SE		RACE	5. DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
([[]		I	Female	White	6 /2 /908		MONTHS DAYS HOURS MIN
\		7a. Bi		CITIZEN OF WHAT COUNTRY?		1 BALTIMORE CITY OR COUNTY	OF DEATH
n 72	50	C	OHAGI	U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	1 Hon End	MD.
0 24 3		10 CI		. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
4	66	Ha	vre de Gence	Harford Men		HOUSE WIFE	SAME
5 4 4		USU	AL RESIDENCE (# NURSING HOME OR OT)	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
all a	57		ma CFC	IL PERRYVIL		1427 HARFORD	STREET
12		14. F.A	THER'S NAME FIRST MIDE	DIE IACY	15 MOTHER'S MAIDEN N		
110	10		UNKNOUN	1 - /2 -		NICHOLIN	LAST
D 5	7		VAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESSHAV	RE JE GRACE, LIK
00	0	,,,	NO NO	219-42	1664 LILLIE MAE	ANDREWS WEBST	ER LAPIDUM Rd.
Sicion Si			18 CAUSE OF DEATH (Enter only o	one couseou (m) (a), (V) and	fiere - 7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici on poper emoval.			PART I. DEATH WAS CAUSED B IMMEDIATE C		may edle	na	
			4293	DUE TO S A SEQUE	ACENTA CI	И	
offendin offendin offen, or			Conditions, if ony, which	3/1700	00, 03) 0	1	
the chie			gave rise to immediate couse (0), stating the	DUE TO, OF A ONEQUE	NCLOF - LAND	0.t	
d by eose ol, cr	, ale 2, a		underlying couse lost.	(c) (9) Ind	ners me	ccus	
signed signed ben pli o burin		Z	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART 110
nit T		ATIC	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
has b		CERTIFICATION			Sec. 30-31-1 (300-5) / / / / (40, 1-4) (31 - 40 - 1) / / 4-40	IN CERTIF	YING CAUSES OF DEATH?
sicio ote i onsit fygie		ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18, P	
or physical		_	OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
ding ding ding burn Men		MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	TH LOCATION		
er the		ME	WHILE NOT WHILE AT WORK	EAT HOME, STREET, FACTORS, OFFICE, FA	ABM, ETC.)	CITY OR TOWN	COUNTY STATE
or of After olith			22e I certify that (I) (this haspital)	attended the deceased from	126 108	0 3/8	To, that (I) (we) lost
TOR TOR			sow the deceased alive pn	3/11_10-	and that in (my) (our) opinio	n death occurred on the date and hou	
RECI red f			obove, (I) (we) (did) (did not) v 22b. SIGNATURE//)	iew the bedy ofter death.	DEGREE		22c. DATE SIGNED
the perfect to De			John	O ans	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/80
by by Sto Sto			224 HYSICIAN'S NAME (TYPE OF PR	INT) OCI /	220 ADDRES	DIRECTOR PHISICIAN	17/0/00
retorned by TO FUNERA should be de with the Stol			JOHN	DIYYN	Han	re de gray	e, med
5 € € ₹ ₹ ₹		23e. B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	234 LOCATION	count see
BP		(:	BURIAL	3/11/1980 HAK	FORD MERINORIAL GARDA	ALDINO HI	PRFORD, MK.
DHMH-16 20	, I	24 FL	INERAL DIRECTOR	ADJRAG	1. C Mad 250. D	ATE REC'D. BY REGISTRAR 19 REC	RAP'S SIGNATURE
(VRA 15, 4) 7/			Verningl	in Total Have	ille Orace 1100 N	WAK TS 1980	may / worlding

STATE OF MARYLAND

0.3

1 3

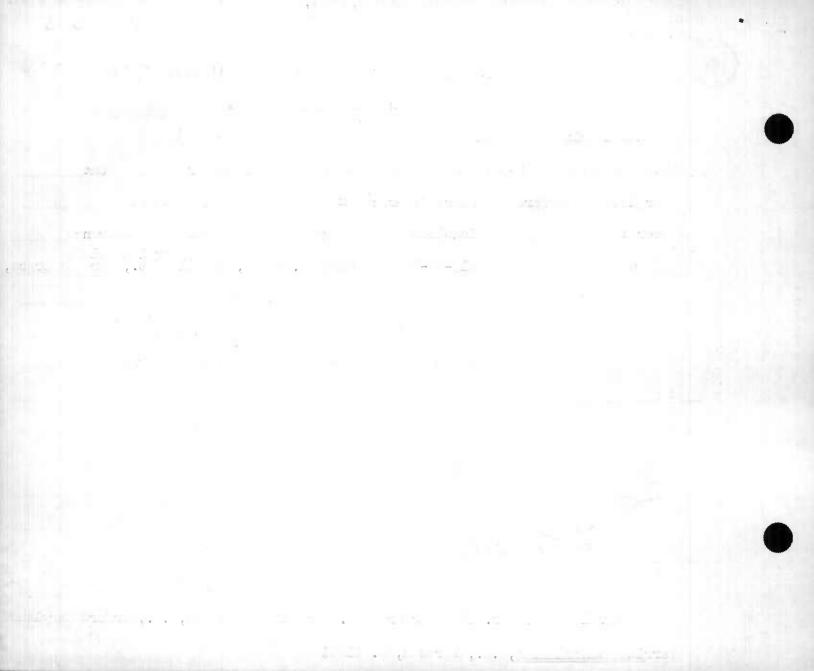
man and a second Mark with the same with the same

6 p Thron line forces and delivery plants rewin to 12 of the second

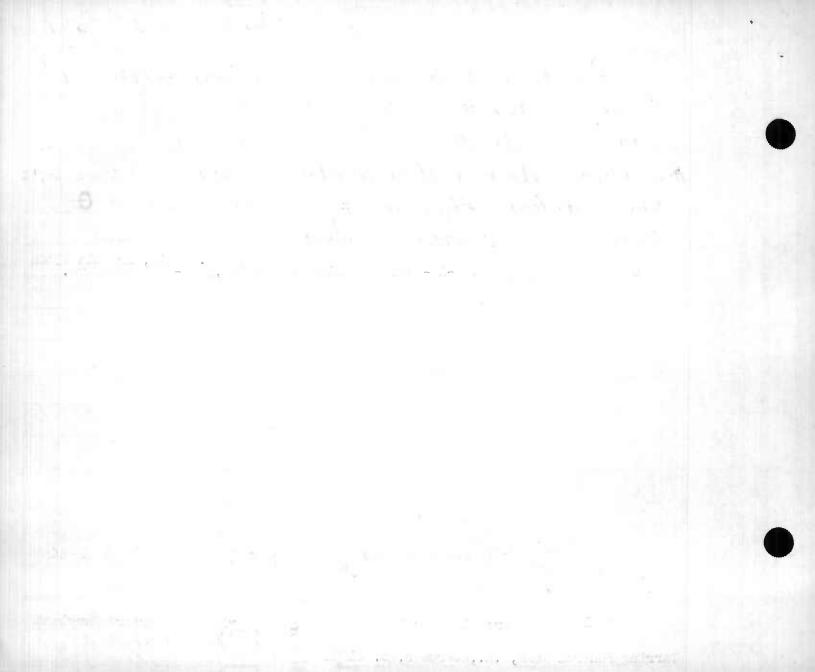
Tarring Funeral Home P.A. Aberdeen Md. 21001

(VRA 15, 4) 7/78

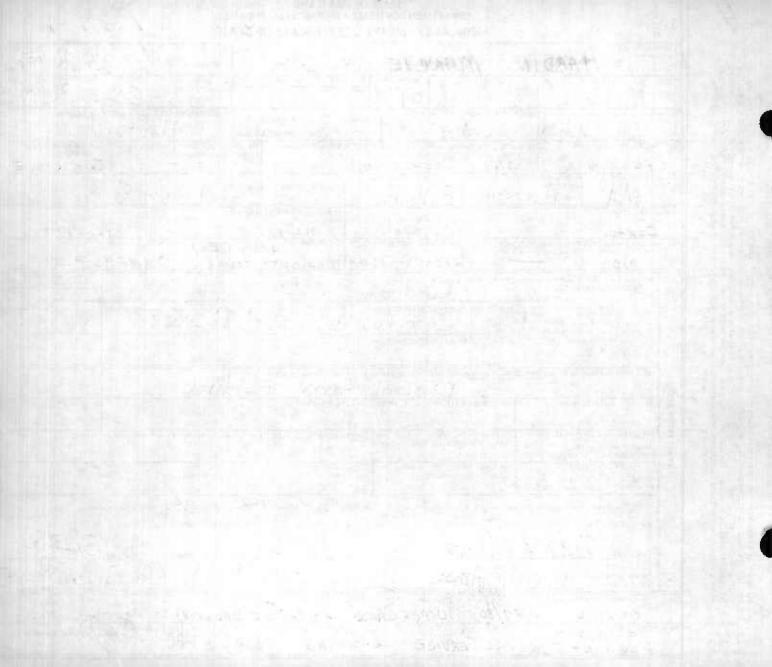
STATE OF MARYLAND



STATE OF MARYLAND



41.	F	OR .		STAT	E OF MARYLA		NE .			
		TATE EGISTRAR		DICAL EXAMIN			Ate	G. NO.	0/	Ü
		DR PRINT) HARD	IN h	NUNCIE	Mat.	70h	OF ESTI-	IN A MONTH	23 108	76 HOUR
	SEX	M CANC	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA YR	YI MONTHS DAYS			MONTH 3	0 - 17	EAR 2d HOUR
270		THPLACE (STATE OR IGN COUNTRY) COYOLTA	76. CITIZEN OF WH	A.	8	NEVER MARRIED DIVORCED	9. BALTIMORE	TY OR COU		Н
10.	CIT	ALD WIN	(IF NOT IN SUCH FA	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTIT	TUTION 120. U	SUAL OCCUPATION OR MOST OF WORKING LIFE		OR INDI	2
1111	SUAL o. ST.	RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GI	13 SITY OR TOWN	13d INSIDI		TREET ADDRESS	pl	14150	RANCE
10. OC 1130 1301 1301 1301 1301 1301 1301 130	I. FAI	HER'S NAME FIRST	WIDDIE	LAST LAST	YES	HER'S MAIDEN NAM	WE WIDDLE	ere No	LAST	
CILL !	a. W.	SAAC AS DECEASED EVER IN U.S. ARA NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES?	166. SOCIAL SECURITY	NO. 17. INFO	MARY, DRMANT DAUG	HTER) ADD	DRESS	PROFI	TT
DIVISIO	T	I8. CAUSE OF DEATH (Enter anl	y ane cause per line		60-A MR:	S. RUTH HO	ock	SAME	APPROXI	3 MATE INTERVAL DNSET AND DEATH
'GIENE,		PART I DEATH WAS CAUSED	BY: E CAUSE (a)	AS ACONSEQUENCE C	C MYY	620	10:		BETWEENC	INSET AND DEATH
EMOVA		Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE C	03C/04011	TYSH OI	D12653	9	- 197	
0 Z		lying cause last.	(6)							
_	Z C	PART 2 OTHER SIGNIFICANT CONDITIONS C		PULLONI	6 Ken	9/ 19	SYN			
	IIFICA	90. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFO	ORMED?			20. AUTOR	
PRIOR 70 BURIAL	ALCER	IN EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c. HOW INJUI	RY OCCURRED (ENTE	R NATURE OF INJURY IN IT	EM 18 PART 1 OR I	PART 2)	
PRIOR	MEDI	MILE NOT WHILE AT WORK	21e PLACE C		21f. LOCATION STREET		CITY OR TOWN	c	COUNTY	STATE
UD, 21201		22a. I certify that I taak charge	e af the remains des	cribed abave, held an	Autapsy ,	Inspection	Inquiry 2	and in my	apinian	_==
ARYLAN		death resulted fram: Nature	P an	Accident L., Sui		micide Und	etermined manner	,	3/2	3/80
DEATH,		XAMINER'S NAME	avd R A	7.20m	M.D. 1	2404 P	Paraminer	o DA F		wyc life.
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	o.BU	TYPE OR PRINT) VV 1 V	. /	23c. NAME OF CEM	ADDRESS	ATORY CH. 23d	LOCATION	, , , ,	WI IS IN 1	STATE
		BURIAL .	3/27/80	UPPERCA	GOSS KOADE	5 BAPTIST 1	BALDWIAN BY REGISTRAR 256.	REGISTRADIS	FURD.	mD.
H - 17 ME (5))		NERAL DIRECTOR ARES	A) PRAL S	FRUICE B	ENSON, M		1) 1' 40 DO	per	My //Ke	Cready



	1."	FOR 1/22/90 2 3		HEALTH AND MENTALINY	CIENE D 7 6	5 7 1
ik	11.	FOR 4/22/80 bal REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE OF	DEATH	
77		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 76 HOUR
. S. S. F.	(1	(PE OR PRINT) NE//i	E BLANCHE	1,19+	OF ESTI-	2 2 2 2 21 648
I C E	3. 5		S. DATE OF 13TH /9/9 6. AGE (IN YE	ARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MC	S S O 19 80 7 M
NECESSARY-PLEA FUNERAL DIRECTO S FOR YOUR FILL O. WITHIN 72 HOU W. PRESTON STREE		Female White	200	RS. MONTHS DAYS HOURS	PRONOUNCED DEAD	3 -20 1980 9 PM
RAIL Y THIN Y	7a	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	
NECESSAR FUNERAL S FOR YO WITHIN Y	0	Argentina	4. S. A.	WIDOWED DIVORCED		AD.
AY IS NE PAGE 5 THE FULED. V	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	20 USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	
S. S.		Allston	FALLSTON GE	N. 1405P.	SECRETARY	Board of Education
F ANY AND 3	5 130	STATE 13b. GOUN	R OTHER INSTITUTION, SIVE RESIDENCE BEFORE ADMISS	ION]	3. STREET ADDREROCK Sp)	ring Rd
AZZZZ	14.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	ANDDLE	LAST
RE, MD. DEATH. CGES 1, RM PM AND 2 OFWITA		Emmeth	Corsalini	Augusti	\	TATS!
BALTIMORE URS AFTER DE WITH FORM WITH FORM PAGES 1 AN DIVISION OF	100.	No	NAR OR DATES) 212-09-8		4.1)838-5795ADDRESS F. Wilt FOREST H	k Spring Road
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one cause per line for (o), (b), on (c).)	adia Dave	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., IN 24 HOL IN ITEM TO A LONG SIT PERMIT HYGIENE, I		1111 IMMEDIAT	E CAUSE (o)	MINO WILL	30	
EST NE A SIT NAL		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	(Low) DVM	Knipartut	
W. PREST DO WITHIN PENCIL IN AMINERTRANSIT ENTAL HY REMOVA		gove rise to immediate couse (a) stating the under	DUE TO, OR AS A CONSEQUENCE	1.1000000	T 1 1 4 1 1 1 1 1 1	
N P P P P P P P P P P P P P P P P P P P		lying couse lost.	E)	OI		
EXECU EXECU NG" IN NG" IN NGAL E A BUR TION, O		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL OISEASE DR CONDITION GIVEN IN PART I	(a)	
LRECORDS, COULD BE EXECUID BE EXECUID BE EXECUID BE MEDING." FE MEDICAL SED AS A BUTH AND HEALTH AND CREMATION, CREMATION,	NO.					
TALRE HOULD RD 'PEI CHIEF A USED OF HEA	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
SHC ORD ORD CH T OF RIAL,	니 E					YES 🗶 NO 🗌
CATE WENT HE W	2 3	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
SION SHOOL	MEDICAL	CONTRIBUTING CAUSE OF D	PEATH P.M. 19 21e PLACE OF INJURY (AT HOME.	24 105 17 1011	ABUREI SIEL	
DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE EXE MRITING THE WORD "PENDING" GRADED TO THE CHIEF MEDICAL GREE 3 SHOULD BE USED AS A BI VIE DEPARTMENT OF HEALTH AN OUR PRIOR TO BURIAL, CREMATION	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI' R: THIS C TE, WRIT DRWARD PROSE E: PAGE		AT WORK AT WORK			7	
			of the remains described above, held on	Autopsy , Inspection	Inquiry ond in r	my opinion
E E E E E E E		death resulted from: Noture	ol couse, Accident, Su	icide 🔲, Homicide 🛄	Undetermined manner,	- 1 /las
· · · · · · · · · · · · · · · · · · ·		ACTUAL SIGNATURE	Al amor.	HIE SECOND	D	ATE 3/20/8)
SHCAN SHCAN SEATI		5:11:2	1 1 1 1	M.D. 6	MEDICAL EXAMINER S	IGNED # 1
TO MEDICAL E EXECUTE THE PAGE A SHOUT TO FUNERALL AFTER DEATH,	4	EXAMINER'S NAME (TYPE OR PRINT)	PART A LOLLOZO	ADDRESS 240	T Ploasan VIIA	KI TOMERON MIN
TO M EXECL PAGE TO FU	23a.	SPECIFY) 2		METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP				Episc, Ch. CEM.	Torest Hill, Harbard Co.	, maryland 21050
DHMH - 17 (VR A15 ME (5))	24	UNERAL DIRECTOR	ET MODRESS TONAL WAY I W	6.4.4	C'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
15M 7/77		Joseph Fort	BETHER Manylan	4 51017 WH	R 24 1980 ting	Fry Me Cready

ALLE STATE OF THE The first of the state of the s

-	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	BIENEU ()	7 6	7	2
		CEASED NAME OR PRINT)	ce E	MIDDLE LAST			26 DATE OF DEATH MONTH DAY YEAR 26. HOUR 3 / 29 / 80 1.40 P. M.				
	3. SE)	Female	- 1	RACE Nhite		Nove	H DAY YEAR	6. AGE IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS HOURS MIN.
5	Ma	RTHPLACE (STATE OR FO OUNTRY) LTYLAND ITY OR TOWN OF DEA	Į	J.S.A.	WHAT COUNTRY	WIDOW	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY O	Pord Co	unty,	MD.
2	F	Allston		FAILST	HEACILITY, GIVE STREE	TADDRESS)	Hospital	TYPE OF WORK FOR MOST O	F WORKING LIFE)	NDUSTRY	aurant
35	130. S Ma	tryland THER'S NAME	Harfor	,	21034		13d INSIDE CITY LIMITS? YES NO X		Darling	ton,	Md.
20	-	ohn VAS DECEASED EVER	W.		Taylor	LIBITY NO	Daisy 17 INFORMANT	A. ADDRE		LAST	
1		res, no or unknown)	[IF YES, GIVE W		216 <u>-</u> 05-			mzow 1726 H:			MATE INTERVAL
	CATION		which nediate g the last	DUE TO, OI (b) DUE TO, OI (c) NDITIONS CO	R AS A CONSEQUER T AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	JENCE OF MEDIA	NOT RELATED TO THE TERM	mph node 1	DITION GIVEN II	N PART 1ta	i)
7	CERTIFICA				ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
9	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO [IF EITHER, NOTIFY MEDIC.] 21d. IN JURY OCCURE WHILE NOT WH AT WORK AT WO	AUSE OF DEATH	216. PLACE (AT HOME, STR	M. MONTH (M	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	CITY OR TOV		OR PART 2)	STATE
1		22a certify that (I) (this hospital) attended the deceased fram, 19, ta, 19, that (I) (we) los so the deceased fram, ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, 19, ta, 19, that (I) (we) los so the deceased fram, ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, 19, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, 19, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22a Certify that (I) (this hospital) attended the deceased fram, and that in (my) (our) opinion death occurred an the date and hour and fram the date and									causes stated
1	22- 5	622 S.	Union	AVE 23b. DATE	Haure		TALL MD.	23d. LOCATION			
	B	urial	KEMOVAL	4/1/8			et Hill	Baltimor	e Count		STATE
		UNERAL DIRECTOR	hnson	8521 I	och Rave	en Blv	4.6.1	AR 3 1 1980	The fact	1700	Thody

21/42/80 11.46	Land.			
	SI W mide	viol	rest in the	
" 'As and James James 19				banfreet d
and a serie	Jest agest	James Day	1	Fallsta
. or. 2.9 publicain, in.		7018	Inorral	LinuTyme
	vn Lai		N N	
ness a 17th (112) was held for	. Lapri	11 - 3-015	and the second second	
raph reds in Markett.	A DE BY			
X				
		ALC: THE		27.9
.a. Alagore County, 20.		dens . v		
	essas . o	1 -1 -1 -1	Visit of the last	